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ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

INCLUDING THE REPORT ON THE
SPECIAL SCHOOLS

BY

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.,

FOR THE

Year Ended 31st December, 1937.

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM:

Templar Printing Works, 168, Edmund Street.

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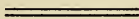
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*Part time Officers.

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

For the Year ended 31st December, 1937.

**ELEMENTARY, SECONDARY AND
NURSERY SCHOOLS.**

INTRODUCTION.

The pages which follow constitute the thirtieth of a series of Annual Reports on the School Medical Service in Birmingham. The year under review in the present volume has been notable in that it marked the occasion of the retirement, under the inexorable provisions of the Superannuation Act, of Dr. G. A. Auden, the first School Medical Officer for Birmingham appointed after the passing of the Education (Administrative Provisions) Act, 1907.

Dr. Auden entered the service on the 1st September, 1908, with a wide conception of its functions and possibilities and happily saw many developments, for which he had hoped and worked, take shape and materialise. Under his direction, with the endorsement of the Committee, the Service progressed year by year and to-day is an efficient instrument for the maintenance and improvement of the physical well-being of the children of the City. It was the writer's good fortune to serve with Dr. Auden for a period of sixteen years and the presentation of the first Annual Report by his successor cannot be allowed to pass without tribute to the man who laid the foundations of the Service as it is to-day. Dr. Auden's personality and versatility are known to, and appreciated by, all who have worked with him and will never be forgotten by them. The work stands as the memorial of the man.

Changes in the personnel of the Service have been the promotion of Dr. J. R. Mitchell to succeed Dr. Auden as School Medical Officer and the appointment of Mr. C. Naylor Strong as Aural Surgeon in charge of the Audiometer Unit. Dr. A. T. Wynne resigned his post as School Dental Surgeon in March, to take up an appointment elsewhere and Mr. C. R. Foden was appointed in his place. Two School Nurses have retired on superannuation, and two others have left the Service to get married. Their places have been filled by new appointments and an additional nurse has taken up duty to replace the nurse now working with the Audiometer Unit.

CO-ORDINATION.

Close co-operation is maintained between the School Medical and the Public Health Departments, the School Medical Officer consulting with the Medical Officer of Health on all subjects requiring or likely to require concerted action by both Departments.

In the case of one of the projected new School Clinics, the building will accommodate also a Child Welfare Centre.

The Medical Officer of Health and his Staff maintain supervision over the following matters :—

- (a) the approval of all milk supplies for use in schools and feeding Centres ;
- (b) measures for control of infectious diseases in schools, cases being notified to the Medical Officer of Health by Teachers and Assistant School Medical Officers ;
- (c) a valuable service performed by this Department is the supervision of families infected with scabies. This service has proved to be of great value as the Officers of the Public Health Department can deal with cases which do not come within the purview of the School Medical Service, yet nevertheless, if left untreated, will prove a constant source of infection to children ;
- (d) similarly, verminous infestation of houses and over-crowding are dealt with by them ;
- (e) immunization of school children against diphtheria is carried out by their officers, on school premises and in school time ;
- (f) the care of tuberculous children is carried out by Dr. G. B. Dixon, the Chief Clinical Tuberculosis Officer for the City.

SCHOOL HYGIENE.

Four new Schools were opened and plans were approved for nine Schools.

Gymnasia and shower baths were provided in the new Schools and also in two of the older Schools.

In several instances alterations in sanitary arrangements were considered, and the necessary improvements were made.

Hot-water Facilities.

The Committee have agreed that in all new schools provision shall be made for hot water to be provided over all wash-basins and in gymnasia. Except in a few isolated cases where extensive additions are contemplated in existing schools, no start has yet been made to provide hot water in old schools.

In this connection, the Committee have made the following decisions :

- a. That one towel per class, to be changed twice weekly, should in the meantime, be accepted as a minimum for all departments.
- b. The provision of hanging space for a towel to each lavatory basin.
- c. That children attending gymnasia should be encouraged to bring their own towels ; that a reserve of towels should be stored in the appropriate room in each gymnasium for those who occasionally fail to bring a towel ; that children's towels should be washed at home and the reserve towels should be washed by caretakers.

- d. That there should be a supply of soap and of one towel per wash-basin, to be changed twice daily in the changing rooms on the playing fields and that the groundsmen should arrange for the washing of these towels at the same rates as are paid to the caretakers in the schools.
- e. That facilities for the provision of hot water be made, in the first place in those schools where there are Infant children, and progressively in other Departments for Junior and Senior children also.

Schemes for the bringing of certain schools up to the Board of Education standard as laid down in Pamphlet 107 are in active preparation, e.g., Dulwich Road, Hastings Road and Peckham Road. In these cases a gymnasium with changing rooms and showers will be provided for each Senior Department and the latrine accommodation and washing facilities (including the supply of hot water) in all departments will be modernised.

MALNUTRITION.

As pointed out in the Report for last year a notable difficulty in assessing the nutritional state of a child lies in deciding what constitutes "normality." Different observers employ different standards and there is variance too in conception of what precisely the term "nutrition" connotes. Some observers maintain that any individual whose condition is improved by supplementary feeding is suffering from malnutrition. Reaction to supplementary feeding is, however, scarcely a sound guide in this matter. There are many children whom all would admit to be subjects of bad nutrition who show little or no improvement in condition when given additional food owing to their inability to make use of the extra nutriment. Among such children are included those with certain constitutional disabilities or organic damage. The assessment of nutritional condition according to the classification required by the Board of Education remains a problem of clinical medicine. It is a mistake to say that this method is one of "inspection" alone. Inspection is controlled and amplified by physical examination. For this classification normal nutrition and normal health may be taken as synonymous. Now in all physical and physiological states and functions of human beings there is a permissible range of normality; the higher point of this range we may consider "excellent" in the classification specified by the Board.

During the year 1937, 39,344 children were examined in the schools and were classified in respect to their nutrition as follows:—

A. (Excellent nutrition)	4.9 per cent.
B. (Normal nutrition)	78.1 per cent.
C. (Slightly subnormal)	12.4 per cent.
D. (Bad nutrition)	4.6 per cent.

Of the 39,344 children examined 4,758 were inspected by one Assistant School Medical Officer, and, of these, 1,163 (24.4 per cent.) were classified as "bad". Further, this same Medical Officer found 2,153 of the 4,758 children examined by him to be slightly subnormal (45.3 per cent.). That is to say, this one observer found malnutrition of some degree in 69.7 per cent. of the children examined by him. If, however, his figures are excluded, 34,586 children were examined by the other Assistant School Medical Officers and 654 (1.8 per cent.) were classified as having "bad" nutrition.

A second of the nine Assistant School Medical Officers examined 4,638 children, finding 444 (9.6 per cent.) suffering, in his estimation, from "bad" nutrition.

If we make a further exclusion of these numbers from the general account, 29,948 children were examined, and 210 of them (0.7 per cent.) were classified as having "bad" nutrition.

To deal thus selectively with statistics may perhaps seem unjustifiable but there is clear evidence that a standard has been adopted by these two individuals which differs widely from that generally employed by the other observers and equally divergent from that expected by the Board of Education. Employing as closely as possible the classification indicated by the Board, the figure of 0.7 per cent. of children showing "bad" nutrition may be taken as fairly representative of the condition in Birmingham as compared with elsewhere. Immediate steps have been taken to examine all nutrition statistics throughout the year 1938 and to arrange for an analysis of the conditions, causal or contributory, found in all children considered to show subnormal nutrition either slight or bad. Admittedly such an analysis cannot be exhaustive since it must be carried out by the Assistant School Medical Officers concurrently with their other work. It seems, however, an essential step towards a more specialised investigation, should the need for such a measure be indicated. In addition, a movement has been made to promote a nearer approach to uniformity of standard among the Assistant School Medical Officers.

Special Surveys.

During the twelve months 1st May, 1936 to 30th April, 1937, Dr. Alexander and Dr. Stooke, Assistant School Medical Officers, carried out nutrition surveys in accordance with suggestions made by the Board of Education. 26,621 children were reviewed and of these 13,228 fell within the three age groups prescribed by the Special Services Regulations of the Board of Education for routine medical inspection. The remaining 13,393 were outside these age groups and their review was carried out at the expense of the routine medical inspections. Although the greater part of this survey was carried out in 1936 and the results detailed in the Report for that year, the findings of the whole survey are given here because the larger the numbers dealt with, the more reliable and significant are the conclusions to be drawn from them. The results of this survey are particularly opportune, since these Medical Officers in conjunction with Dr. Auden, had taken considerable pains to secure uniformity in their standards of assessment of nutrition.

<i>Number of children inspected</i>	A. (Excellent)	B. (Normal)	C. (Slightly sub-normal)	D. Bad	<i>Total percentage of children classed below normal, i.e., total of Columns C. and D</i>
26,621	1,180 4.43%	24,111 90.57%	1,161 4.37%	169 .63%	5.0%

It was possible, moreover, from this survey to contrast, to a limited extent, the nutritional state of children attending schools on new housing estates with that presented by children in the poorer parts of the centre of the City.

Area	Number of children inspected	A (Excellent)	B (Normal)	C (Slightly sub-normal)	D. (Bad)
		No.	No.	No.	No.
New Estate	10,448	520 (4.9%)	9,457 (90.6%)	443 (4.23%)	28 (.27%)
City Centre	9,726	242 (2.5%)	8,887 (91.37%)	471 (4.84%)	126 (1.29%)

UNCLEANLINESS.

The Campaign against vermin and uncleanness has been energetic throughout the year. 345,118 examinations were made in the schools, resulting in the finding of 12,949 children in an unclean condition. This is an increase of 1,096 on the numbers for last year. It does not, however, follow that the children of the City were less clean this year than in 1936. The standard is being raised steadily, and it is felt that since facilities for cleansing are becoming more easily obtainable, more drastic action is justified. It is common knowledge among those actively engaged in this campaign for cleanliness that in most districts of the City, there are families, the members of which are habitually found in a verminous condition.

Such children obviously form sources of infestation for a whole class in the school which they attend and have to be dealt with as firmly as possible.

411 parents availed themselves of facilities offered by the Authority for the cleansing of infested children.

Court proceedings were taken against 126 parents as compared with 85 in 1936.

DISEASES OF THE SKIN.

While the incidence of ringworm was practically the same as for 1936 there has been some increase in the number of other skin diseases discovered. Ringworm of the body is treated in the Clinics. In the case of Ringworm of the scalp the child affected is referred to the Central Clinic where treatment by X-rays is carried out. Increased prevalence is to be noted in Scabies, both in the numbers of cases found at routine medical inspection and in those detected at special examinations. While there is an undoubted increase in the prevalence of this skin infection the numbers are somewhat inflated by the very means adopted to deal with the outbreak. Whenever a case is noted, all other children of school age in the family are invited to the clinic for inspection, and if not presented are followed-up by the nurses. The Education Authority has provided four centres where treatment in the form of sulphur baths is available. All cases are notified to the Health Department, so that infestation of bedding may be dealt with and that treatment may be given to infected persons not of school age. A rise in other non-tuberculous skin diseases

probably reflects a greater interest in skin conditions accompanying and possibly caused by nutritional conditions. While the numbers are greater in the case of impetigo, the type of disease has been, on the whole, milder than in some previous years.

655 individual children were treated at the bathing centres in the course of the year and in addition it was necessary to treat 42 cases of re-infection. The total number of baths given amounted to 6,031. Treatment was given to 1,317 other children for miscellaneous skin troubles such as impetigo.

EYE DEFECTS.

The number of children dealt with at the Clinics for eye defects (other than minor ailments such as slight blepharitis or conjunctivitis) was 3,660. In addition 583 are known to have been dealt with through other agencies. Spectacles were prescribed for 3,641 children through the School Medical Service and 536 obtained glasses from other sources.

Defects of vision are discovered mainly at the routine medical inspections by means of the Snellen Test Types. By no means all of the children who, in these circumstances, shew evidence of defective vision, are found to require spectacles when examined under a midriatic in the Clinic. Frequently the sight may be improved by general health measures, or by other means, without the provision of spectacles. This factor partly accounts for the slight variation from year to year in the number of spectacles prescribed. Following up by means of home visits by School Nurses and Attendance Officers has ensured in several cases that children are not deprived of the benefit of spectacles through the apathy of their parents.

Mr. Archer Hall, D.O., Ophthalmic Surgeon to the Education Committee, has sent the following analysis of cases examined by him at the Great Charles Street School Clinic:—

“During the year ending December 31st, 1937, the following errors of refraction have been treated at the Great Charles Street School Clinic:

Hypermetropia	...	...	...	174
Hypermetropic astigmatism	...	...	...	142
Myopia	...	...	...	62
Myopic astigmatism	...	...	...	103
Mixed astigmatism	...	...	...	11
Anisometropia	...	...	...	5
				<hr/> 497

In 24 children's cases, I found it necessary to arrange for education at the Part-Sighted Schools of the Education Committee, filling up the appropriate form for these, so that future progress or later investigation, is facilitated.

In the case of 39 children, I performed operations for strabismus, at the Birmingham and Midland Eye Hospital. Seven of these were to obtain cosmetic results where treatment by the means of orthoptic exercises did not promise a restoration of binocular vision.”

Dr. Aldridge treated the following further patients at the Clinic:

Hypermetropia	...	...	...	225
Hypermetropic astigmatism	...	...	...	152
Myopia	...	...	...	69
Myopic astigmatism	...	...	...	67
Mixed astigmatism	...	...	...	11
				<hr/> 524

ORTHOPTIC TREATMENT.

Under the arrangement between the Education Committee and the Birmingham and Midland Eye Hospital, the treatment of a selected number of children by fusion training undertaken in 1936 has been continued. The following is an analysis of the cases treated by orthoptic measures :—

- 5 cured
- 4 treated by operation
- 3 awaiting operation
- 2 ceased attending
- 1 cured but still having treatment (latent squint)
- 2 making good progress
- 1 slow progress—irregular attendance
- 2 slow progress—to see surgeon again.

NOSE AND THROAT DEFECTS.

These conditions are in the main adenoids, affections of the tonsils and conditions associated therewith. Of the children found at routine medical inspections to have tonsillar affections, somewhat more are being kept under observation, operative treatment not being considered necessary. The reverse is the case among those discovered at special inspections since many of these children are presented for examination because of some variation from health dependent upon tonsillar disease. In such children removal of adenoids and diseased tonsils is often but the first step in a programme of treatment which may include ultra-violet radiation and remedial exercises, the latter to re-establish the faculty of nasal breathing and in some cases to ameliorate contraction of the chest.

In suitable cases the parents are given an opportunity for the children to have the operation for removal of tonsils and adenoids performed at the Committee's Special Clinic in Handsworth. Otherwise children are referred to Hospital and the Hospital authorities make the arrangements direct with the parents. Older children, especially those requiring dissection of the tonsils, are unsuitable for treatment at the Handsworth Clinic, since in such cases a somewhat longer detention is advisable than is possible in that Institution.

1,257 children were operated upon at this Clinic and except for four cases which had adenoids only removed, all had both tonsillectomy and removal of adenoids.

AURAL.

The majority of patients treated at this clinic suffer from discharging ears, with varying degrees of deafness. The cause of the otorrhoea is still, in many cases, due to the infectious fevers, and until this factor can be reduced, there will always be children entering the schools with chronic otorrhoea. The great majority of the children seen have already had their tonsils and adenoids removed without any apparent effect on the ear condition. This cannot be attributed to a failure of the operation to do good in such cases, but rather to the fact that the otorrhoea has been neglected in the pre-school age, and has become established before thorough treatment has been recommended.

The removal of tonsils and adenoids in early and suitable cases of tubal otorrhoea shows successful results. These chronic cases of discharging ears, if thought suitable, are treated with Zinc Ionization, and nearly four hundred treatments have been given. In a certain number of cases in which discharge from the ear continues despite any treatment given

at the clinic, some form of mastoid operation is indicated. In the absence of such operation treatment at clinic is largely a palliative measure.

An increasing number of children to be treated for suppuration and deafness can be expected as the result of the audiometric examination of school children.

We have found at this clinic that many cases of discharging ears which have dried up but have been left with damage to the middle ear have been improved at this clinic by courses of Politzerization, often combined with nasal treatment.

No. of examinations by Aural Surgeon	...	...	...	1,262
No. of Ionisation Treatments	...	...	...	392
No. of Mastoid Dressings	...	...	...	481
No. of Diastolization Treatments	...	...	...	395
No. of other Aural Treatments	...	...	...	3,395

AUDIOMETER UNIT.

This organisation came into operation in February, 1937, the object being to make a test of the hearing of all children from eight years of age upwards. The unit consists of one Aural Surgeon and one Nurse who operates a gramophone audiometer. This instrument reproduces the human voice speaking numbers, the tone becoming progressively weaker as though the speaker were receding from the hearer. Defect in hearing can thus be recorded with a considerable degree of accuracy.

Children who fail to reach a certain level of hearing are referred for examination by the Aural Surgeon. Since the findings of this unit are to be subject of a special report at the end of a year's work, nothing more need be said at this stage except that the results, so far to hand, leave little doubt that the unit will prove an important measure of investigation and be a valuable asset in the prevention of deafness by its early detection.

DENTAL TREATMENT.

It must be admitted that people in general are not yet sufficiently aware of the advantages of early and periodic dental attention. Repeated efforts have been made to increase the numbers of children who, when found in need of treatment, are actually presented at the Clinics. The additional Clinics, each of which is to have a dental department, will do something towards this. For one thing, the Clinics will be more accessible; and for another, the period between inspection and actual treatment will be shortened. If this interval be unduly long, the importance of treatment is liable to be forgotten.

Moreover, at present dental propaganda is, in effect, almost entirely in the hands of Teachers and Assistant School Medical Officers. There is little contact between parent and dentist. In fact, such contact as does exist is between the dentist and parents already conscious of the value of treatment.

Two alterations of the Scheme have been arranged this year:—

1. Utilisation of rooms at Sheep Street Clinic, lately vacated by the Child Guidance Clinic;
2. Opening of a branch Clinic at Yardley Wood for dental service only. This was in operation for only two months of the year so that little can be said yet as to the numbers of cases dealt with. It may, however, be of interest later in showing what results may be expected from placing facilities for treatment within easy reach of the people served, and giving greater opportunity for consultation between dentist and parent.

The following Table shows the work carried out at the various clinics, as compared with the work of 1936.

TABLE "A"

<i>Clinic</i>	<i>No. children in- spected</i>	<i>No. children requiring t'ment</i>	1937		1936	
			<i>Total treated</i>	<i>%</i>	<i>Total treated</i>	<i>%</i>
Alcester Street	10,753	6,444	2,381	36.9	2,800	43.0
Aston	8,004	5,484	2,828	51.6	2,788	52.9
Great Charles Street ...	13,089	11,325	4,282	37.8	4,495	41.3
Handsworth	9,680	7,116	3,430	48.2	3,637	44.7
Harborne Lane	10,619	6,970	4,419	63.4	4,436	71.0
Sheep Street	18,492	11,769	5,392	45.8	5,783	46.8
Slade Road	9,932	6,637	4,112	61.9	4,264	60.0
Sparkhill	12,591	8,095	5,317	65.7	4,624	60.3
Yardley Green Road ...	14,732	10,153	4,521	44.5	4,617	46.9
Yardley Wood	2,582	1,993	484	24.3		
Total	110,474	75,986	37,166	48.9	37,444	50.6

It should be pointed out that the figures with regard to "children inspected" and "children found to require treatment" are put forward with all reserve because, without very elaborate machinery, it is almost impossible to ensure that children moving from one school to another as the result of the Hadow Scheme, or as a consequence of removal to a new housing estate, are not recorded twice. Similarly, difficulty arises in the case of children attending schools visited by the Dental Surgeon more than once in the course of the year. In the case of a school visited for a second time, only the children in the age group five are included in the returns of "children inspected" or "found to require treatment", the theory being that children over five have already been inspected and accounted for in the report upon the first examination. Even with these precautions, however, it is possible that to some extent the figures under these two headings are inflated and that, as a result, the *percentage* of "children treated" is understated.

Notwithstanding the fact that an additional dentist was on the staff for the whole of 1937 and for only four months in 1936, it will be observed from Table A that the total number of children treated fell short of the number treated in 1936 by 278. This needs some explanation. One would expect that with the additional dentist there would be approximately 280 to 290 additional sessions. In fact, the increase was only 133, of which 107 were treatment sessions. This is explained by—

(a) the schools opening one week later in January, 1937, than in January, 1936, and

(b) the Coronation holiday.

Even allowing for these considerations, however, the number of sessions devoted to treatment (as distinct from inspection or the administration of anaesthetics) in 1937 was 3,284, as compared with 3,177 in 1936—an

increase of 107. It seems that perhaps the explanation lies partly in the fact that whilst 278 *fewer* children were treated, 1,596 *more* permanent teeth were filled.

Table B gives some analysis of the Birmingham figures for 1937 compared with 1936 and with the figures for England and Wales for 1936 (the last available year).

TABLE "B"
DENTAL INSPECTION AND TREATMENT.

	<i>Birmingham</i> 1937	<i>Birmingham</i> 1936	<i>England and Wales</i> 1936
1. Number of Dentists (expressed in whole-time service)	11	10 $\frac{1}{3}$	705
2. Number of children inspected	110,474	112,071	3,463,948
3. Number found to require treatment	75,986	74,022	2,425,299
4. Percentage (3 to 2)	68.8	66.0	70.0
5. Number actually treated	37,166	37,444	1,536,627
6. Percentage (5 to 3)	48.9	50.6	63.4
7. Average number of children treated per dentist	3,379	3,624	2,180
8. FILLINGS.			
(a) Permanent Teeth	19,023	17,427	1,145,051
(b) Each Dentist	1,729	1,686	1,624
(c) Per 100 children	51.2	46.5	74.5
(d) Temporary Teeth	325	406	105,418
(e) Each Dentist	29	39	149.5
(f) Per 100 children .....	.87	1.08	6.86
9. EXTRACTIONS.			
(a) Permanent Teeth	23,147	22,964	545,886
(b) Each Dentist	2,104	2,222	774
(c) Per 100 children	62.3	61.3	35.5
(d) Temporary teeth	78,392	74,074	2,441,784
(e) Each Dentist	7,126	7,168	3464
(f) Per 100 children	210.9	197.8	158.9

If we take the work carried out by each individual dentist, we find (Table B, heading 8b) that, whereas in 1937 each dentist filled 1,729 permanent teeth, in 1936 he filled only 1,686, and if the figures for the

country as a whole are averaged, the number is 1,624. Thus, it would appear that the Birmingham School Dental Surgeons are effecting at least as much conservative dental treatment as their colleagues elsewhere. Again, if looked at from the point of view of each 100 children treated (100 children is the smallest unit that lends itself to statistical analysis) we find that 51.2 permanent teeth were filled in 1937, as compared with 46.5 in 1936. This, however, falls very short of the 74.5 for each 100 children throughout the country. It appears then that the larger amount of conservative treatment carried out by the Birmingham dentists is more widely distributed among the children.

It may perhaps be regarded as a satisfactory feature of the service that less time is being spent upon the filling of temporary teeth. Each dentist filled only 29 in 1937, as compared with 39 in 1936 (149.5 for each dentist in the country).

In this connection, it is interesting to observe that Mr. A. T. Pitts, M.R.C.S., L.D.S., reporting to the Board of Education in 1929, after a detailed inspection of the dental schemes in ten representative areas of the country, said (page 67 of the Annual Report of the Chief Medical Officer of the Board of Education for 1929) :—

“ If the time that can be given to conservative work on the temporary teeth interferes seriously with that needed for the permanent dentition, it may well be justifiable to leave alone teeth with small cavities that are still functioning and free from pain.”

The Birmingham figures with regard to extractions, whether of permanent or of temporary teeth, shew that each dentist extracted a less number in 1937 than in 1936, but this less number still remained very considerably in excess of the average per dentist throughout the country. The reverse is the case when viewed from the point of each 100 children treated. More teeth were extracted in 1937 than in 1936.

The year ended with 3,475 applications for treatment in hand, whilst it began with 2,271 carried forward from 1936.

There is still another point—of the secondary school pupils found to require treatment in 1937, only 28.1 per cent. (1,194) were actually treated, as compared with 35.5 per cent. (1,744) in 1936. On the other hand, the number of elementary school children treated rose by 272.

ORTHOPAEDIC SCHEME.

As already mentioned, there are three Remedial Exercise Clinics, each in charge of a specially qualified Remedial Gymnast. At intervals during a course of treatment, the children are examined by the School Medical Officer. When requisite, cases are referred to the Authority's Consulting Orthopaedic Surgeon, who attends periodically at the Sheep Street Clinic. On the Surgeon's advice cases are sent to the Royal Cripples' Hospital or to the Warwickshire Orthopaedic Hospital, Colehill, for further treatment, operative or other.

The following analysis shows something of the scope of the work undertaken at the Remedial Exercise Clinics :—

					1937	
					<i>Admitted.</i>	<i>Discharged.</i>
Spinal Curvature and postural deformity	...	...	...	...	267	84
General muscular debility	...	...	...	...	69	27
Various forms of paralysis	...	...	...	...	45	13
Deformities of feet	...	...	...	...	673	250
Chest conditions, Asthma	...	...	...	...	86	38
Injuries to limbs	...	...	...	...	33	22
Wry neck, etc.	...	...	...	...	15	3

In addition, 566 children attended these Clinics for breathing exercises following the removal of tonsils and adenoids.

In the case of orthopaedic defects, such as those enumerated above, the course of treatment is usually long, and parents living at a distance from the Clinics find it impossible, in many instances, to spare the time from home duties for the necessary attendances. The difficulty is one of time rather than of finance, since it has been the practice for several years to issue tram or bus tokens to such patients to cover the cost of the journey to and from the Clinics. Apart from this obstacle there is seldom difficulty in securing the co-operation of parents when orthopaedic treatment is indicated, and there is an increasing appreciation of the value of early correction of such defects. The position will be met by the Committee's proposed inclusion of a department for this treatment at each of the new Clinics.

RHEUMATISM.

The causation of acute rheumatism is still obscure. In the Report for 1936 Dr. Auden pointed out that "there appears to be definite evidence that poverty, overcrowding, deficient ventilation and dampness play their part." These are precisely the conditions which lower general health and resistance. Even when a child has had treatment and has made a good recovery the persistence of these influences favours relapse and tends to nullify the good done. Rheumatism is not, however, confined to the children of the very poor. It occurs also in children somewhat more advantageously circumstanced. It may be that here a vitamin deficiency comes into play. Certain it is that good results are achieved by treatment designed to eliminate these factors. Thus at both Baskerville and at Haseley Hall a balanced and simple diet, air and rest, both physical and mental, are the curative agents upon which most reliance is placed and from which undoubted benefit is derived. An important further point in treatment is the prompt segregation of all inmates with sore throats or even common colds and other catarrhal infections. Involvement of the heart is a very real and serious menace leading as it does to invalidism and early death.

The scheme remains in operation whereby all children who have been admitted to Selly Oak Hospital and Dudley Road Hospital for acute rheumatism are reported on their discharge to the School Medical Service, so that they may be kept under observation. Some 200 such cases were reported from the two Municipal Hospitals during 1937 and of these 69 children had some cardiac involvement.

The Birmingham Society for the Care of Invalid Children has continued with unabated energy its efforts on behalf of rheumatic children.

The chief activity of this Society centres in Haseley Hall, a residential School to which are admitted girls suffering from rheumatism and chorea in whom so far there has been no organic heart involvement. The School accommodates 39. The aim is treatment concurrent with education, so that heart disease may be prevented and the individual return to her place in the community free from physical disability or educational handicap. An essential part of the Society's campaign is a scheme of following up to prevent or to deal with relapses so common in this disease.

Less severe cases, both boys and girls, are boarded-out on farms.

During the seven complete years that Haseley Hall, the Hospital School of the Society, has been open there have been 246 girls treated there. 160 have been discharged as cured, and of these 160 it is reported that :

- 140 are doing well
- 14 relapsed but are doing well now
- 2 relapsed and are at present under treatment at Haseley
- 4 are unsatisfactory

In addition the Society has treated 133 boys and girls boarded out on farms in the country.

88 have been discharged as cured, and of these:—

- 74 are doing well
- 7 relapsed but are doing well now
- 1 relapsed and still under treatment
- 5 are unsatisfactory
- 1 died

TUBERCULOSIS.

Dr. Dixon, Chief Tuberculosis Officer reports:—

“During the year 1937, the number of children dealt with at Yardley Green Road Sanatorium was 179. Of these 89 were males 90 were females.

Out of the 179 there were 114 who were admitted primarily for observation, 60 of which were discharged with no definite signs of tuberculosis and 54 remained for treatment.

Of the 119 who received treatment, 71 were in Group I, 13 in Group II, 9 in Group III, and 26 in Group IV, i.e., were non-pulmonary cases. The non-pulmonary cases consisted of tuberculosis of the bones and joints, abdominal tuberculosis, peripheral glands, etc., and the majority of these children were treated in the artificial light clinic with excellent results.”

Classification of Groups.

Group I.—Cases with slight constitutional disturbance, if any; *e.g.*, there should not be marked acceleration of pulse nor elevation of temperature, except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows:—either present in one lobe only, and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front or not exceeding an equivalent area in any one lobe; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula. No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this Group.

Group III.—Cases with profound systemic disturbance or constitutional deterioration, with marked impairment of function, either local or general and with little or no prospect of recovery. All cases with grave complications (*e.g.*, diabetes, tuberculosis of intestine, etc.), whether these complications are tuberculous or not, should be classified in this Group.

Group II.—All cases which cannot be placed in Groups I and III.

Group IV.—Patients suffering from non-pulmonary tuberculosis include:—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (*i.e.*, tuberculosis of peritoneum, intestines or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

The names of all children who are found to present signs of active tuberculosis are reported to the Medical Department, as also are the names of all children on discharge from the Sanatorium. These are then kept under continued observation at the clinics or if unable to attend school, are entered on a special register.

TUBERCULOSIS (ALL FORMS).

NOTIFICATIONS, 1937.

<i>Ages.</i>	<i>Respiratory System.</i>		<i>Nervous System.</i>		<i>Intestines and Peritoneum.</i>		<i>Other Forms.</i>	
	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths.</i>	<i>Cases notified.</i>	<i>Deaths.</i>
0	4	4	2	6	—	—	2	1
1	8	6	2	2	—	—	2	3
2—4	20	8	4	6	2	1	19	5
5—14	41	9	3	6	2	2	21	8
TOTALS	73	27	11	20	4	3	44	17

FOLLOWING UP.

The arrangements for the following-up of children suffering from defects may be reviewed under three heads:—

- (a) By the nurses. (b) By the medical officers. (c) By other officers of the Education Authority.

(a) By nurses. Each Medical Officer works in conjunction with two Nurses, one of whom attends at medical inspection each forenoon throughout a school week. The Nurse not so employed visits a school or schools to follow-up cases and to inspect for vermin. The children so followed-up are those who have been found defective at a previous medical inspection and others who, having been inspected at the clinic, have ceased to attend before treatment was completed or have failed to call for spectacles already prescribed for them. In certain cases and for similar reasons the Nurses visit some of the homes. During the year 488 such visits were paid, but these would be more numerous were it not for the assistance given by other officers as shown below.

(b) By Medical Officers. It will be obvious that while a nurse may do much, and in many cases all that is required, in ensuring that certain necessary forms of treatment have been arranged for, there must remain individuals whose health or physical condition will require supervision by a Medical Officer. These children are re-inspected on a subsequent visit to the school at which they are in attendance.

It should be remembered, however, that the continued supervision of defective children at the Clinics and the administration of treatment within the scope of the Authority's scheme, constitute a most important measure of following-up.

(c) By other Officers. The help given by School Attendance Officers is very valuable indeed and there is close co-operation between them and the members of the School Medical Service. These officers are able to encourage parents to secure such treatment as may have been advised and, in the case of the recalcitrant, can point out their liability under the Children and Young Persons' Act, 1933.

ARRANGEMENTS FOR TREATMENT.

In reviewing the arrangements for treatment it seems opportune to set out in some detail the Scheme at present in operation in the City.

A. *Local Clinics*—nine in number.

What may be called the minimum or essential "Clinic Unit" comprises one medical officer with two Nurses and a dental surgeon with an Attendant. All the Birmingham district clinics are equipped for administration of ultra-violet rays. Two clinics have, in addition, a Remedial Exercise department; while a third Remedial Exercise Centre serves a district covered by three of the Clinics. There are four bathing centres for the treatment of scabies, three of these being on Clinic premises.

The children dealt with at these clinics may be grouped in four main classes:—

- i.—Those found at medical inspection;
- ii.—Children referred by teachers;
- iii.—Those brought on the initiative of parents;
- iv.—Those referred by School Attendance Officers.

The function of the Clinic is not to supplant but to supplement the functions of the private practitioner. In all cases when treatment is necessary, recourse to the family doctor is the first recommendation. On the other hand no financial discrimination is practised. Every ratepayer whose child attends a public elementary school in the area can avail himself of the facilities provided by the Authority. Where necessary, spectacles are prescribed at each of the Clinics.

In the case of dental patients, fillings or extractions are carried out and when an anaesthetic is required it is a rule that two Dental Officers should be present.

"Minor Ailments" as specified by the Board of Education are treated in the Clinic.

Other conditions or cases of greater severity are referred—

- i.—to the family doctor;
- ii.—to Hospitals—as dependants of contributors to the Hospitals' Scheme;
- iii.—to some other organisation provided or aided by the Authority, such as;

B. *Specialist Clinics*:

- i.—AURAL—for further treatment of diseases of Ear, Nose and Throat.
- ii.—for operative treatment of adenoids and diseased tonsils.
- iii.—OPHTHALMIC—for treatment of Squint and defects of vision requiring the attention of specialists, of whom there are two.
- iv.—SKIN—for diagnosis and treatment of ringworm and for further advice in other skin conditions.

- v.—**DENTAL**—Here anaesthetics are administered in the case of special children such as those with heart affections.
- vi.—**ORTHOPAEDIC**—Cases are referred from the Remedial Exercise Clinics for the advice of an Orthopaedic Specialist.
- vii.—**SPEECH TRAINING CENTRES**—two in number.

C. *Other Organisations of the Authority's Scheme :*

- i.—Special Schools ;
 - ii.—The Child Guidance Clinic.
- These are dealt with fully elsewhere.

D. *Arrangements with Hospitals.*

- i.—Speech Training at Children's Hospital ; by arrangement with the Authorities of this Hospital children attend for Speech training. These are mostly those who have had operative treatment of cleft palate.
- ii.—Orthopaedic Hospitals :
 - a Royal Cripples' Hospital :
An agreement with this Hospital allows for the treatment of non-tuberculous children both as in-patients and as out-patients. As far as possible, in-patient treatment is combined with education.
 - b. The Warwickshire Orthopaedic Hospital, Coleshill :
Here children receive in-patient treatment concurrent with education.

E. *Conveyance of Children to Clinics.*

The opening up of new housing estates on the outskirts of the City and the migration to these districts of families hitherto occupying congested central areas have resulted in such grouping of the population that large numbers are situated a considerable distance from the nearest School Clinic.

Approximately 62,000 children are resident a distance of more than $1\frac{1}{2}$ miles from the nearest Clinic. A visit to the Clinic involves, therefore, not only a considerable loss in time, but also a significant expenditure in money, since it entails a double journey for the child and, usually, the parent. Head Teachers are therefore authorised, when requested by parents, to issue tram or omnibus tokens to cover the cost of the return journey of one parent, in addition to the actual patient, in cases where the distance between the home and the Clinic or other place to be attended for inspection or treatment through the School Medical Service, exceeds $1\frac{1}{2}$ miles measured according to the nearest road.

F. *Administration.*

Close co-ordination between these various activities, so that each child may be referred to the centre appropriate to his or her needs with a minimum of delay, can be secured only by an efficient clerical organisation, which forms a central bureau or clearing house.

G. *Alterations in Premises and Increase in Scope of Service.*

The Clinic accommodation at Alcester Street has long been a source of dissatisfaction to the Committee. With the migration of population from the centre of the City it became possible to acquire a part of Sherbourne Road School for adaptation as a Clinic, and the necessary structural alterations are almost complete.

Several considerations make the expansion of the School Medical Service an urgent necessity. The movement of population from the centre of the City has already been mentioned, but the conveyance of children to clinics should be considered as only a temporary measure. The School Medical Service is taking a growing part in the lives of the people. Some ten years ago the bulk of the work at the clinics was treatment of minor conditions and the percentage of people using the Clinics was lower than to-day. The character of the work has changed notably. Treatment of minor ailments continues, but in addition, the Assistant School Medical Officer at his or her clinic has the further and more onerous duty of diagnosis of major maladies both medical and surgical. Moreover there is a perceptible and desirable increase in the number of children attending for supervision of health, quite apart from any actual disease process.

All this is quite as it should be but it must be remembered that such work takes more of the Medical Officer's time for each individual and thus, although the work is of prime importance, actual numbers dealt with may be less. This is fully appreciated by the Authority and the general view is that Clinic districts should be apportioned so as to contain such numbers of children as may be dealt with satisfactorily by a Clinic unit, having regard to both medical inspection in the schools and supervision at the Clinics.

The child population which can be served efficiently by a Clinic unit demands consideration. The suggestion of the Board of Education is that 7,500 children should be a sufficient number for any one district and on this scale Birmingham would require at least seventeen Assistant School Medical Officers. There is some variation in requirements as between rural and urban areas, but this variation is not so much in respect of numbers served as in regard to placing of Clinics. Thus in rural areas more widely spaced population may be best served by several part-time Clinics.

While in Birmingham we have, on the outlying new Estates, colonies which are semi-rural in character, yet each is of such density as to call for the services of a whole-time Clinic.

Having considered all the aspects of the position, the Authority has approved the provision of four additional whole-time Clinics in such positions as may most effectively cope with the altered distribution of population. Moreover, the Committee has continued and developed the principle of decentralisation of all but the specialist services. Thus new Clinics as presently planned are intended to have a Remedial Exercise Department of their own, in addition to the Medical, Dental and Sunlight Departments which are already features of each local Clinic.

ULTRA-VIOLET LIGHT TREATMENT.

There has been an appreciable increase in the number of children treated by "Sunlight" throughout the year, but it seems that in this respect the Clinics are now working at about full capacity. There is no doubt that there will be adequate work for a mercury vapour lamp in in each new Clinic provided.

It will be seen from the accompanying table that the bulk of the defects treated—debility, respiratory catarrhs and anaemia—are conditions likely to recur in children following the prevalent infectious diseases. For this reason it is often necessary to give children prolonged or repeated courses of treatment.

	<i>Number Treated</i>	<i>Cured or much Improved</i>	<i>Improved</i>	<i>No Better</i>
Debility	1,157	614	458	80
Rheumatism	149	69	75	2
Chorea	33	9	20	4
Bronchitis and Asthma	534	305	193	28
Nasal Catarrh, etc. ...	115	65	39	10
Enlarged Glands ...	48	31	14	1
Otorrhoea and Deafness	50	16	27	7
Blepharitis and Conjunctivitis	32	19	13	—
Anaemia	226	133	82	9
Chilblains	30	20	7	2
Alopecia	46	33	11	2
Impetigo	145	134	11	—
Other Skin Trouble ...	67	38	19	5
Total	2,632	1,486	969	150

INFECTIOUS DISEASES.

The modified regulations governing the quarantine of contacts and return of children to school after infectious illness, mentioned in this Report for 1936, have remained in force throughout the year. These regulations, together with adequate measures employed by the Public Health Department, have eliminated the need for school closure.

The following figures for the chief forms of notified infectious disease for the past 14 years have been supplied by the Health Department:—

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Scarlet Fever	2,219	1,852	1,709	1,510	1,521	2,413	2,397	2,761	2,544	2,639	3,297	3,591	3,981	2,640
Diphtheria	1,887	1,896	1,804	1,543	1,552	1,611	1,701	1,171	620	417	1,019	1,129	1,142	1,380
Cerebro-spinal Meningitis	11	7	10	12	12	15	14	25	31	26	24	17	38	27
Anterior Poliomyelitis	39	11	38	15	6	6	9	3	17	10	5	9	11	1
Encephalitis Lethargica	282	92	89	53	41	27	10	18	23	25	12	28	23	20
Ophthalmia Neonatorum	413	335	395	409	530	522	596	617	319	176	558	658	812	962
Polio-Encephalitis	6	1	4	2	1	3	0	1	1	0	0	2	1	0

These figures refer to cases of all ages, but as the greatest amount of infectious disease occurs before adolescence is completed, they afford a reliable index as to the general incidence in the school population.

DIPHTHERIA IMMUNIZATION.

During the year an additional 18,500 children have received protection against this disease, and of these approximately 8,000 were Elementary School children.

The importance of securing this measure of protection against diphtheria before school age is very real. In the pre-school years the death rate is higher.

Immunization may not always be immediately available on entry to school and the protective immunity does not reach its maximum for about six months after inoculation has been done. The child may thus be susceptible just at the time when he or she is making a first contact with large numbers of other children, with increased possibility of infection.

Among the 104,000 children immunized since the end of 1925 there have been 77 cases of diphtheria. All these cases, however, have been slight and there have been no deaths among immunized children.

It cannot be said that the type of diphtheria has been generally mild, so that the absence of deaths among children protected may be credited, without undue optimism, to immunization.

Moreover, "reactions" have been noticed in only 0.2 to 0.4 per cent. of cases treated. "Reaction" has been recorded where there was any noticeable swelling or redness at the site of inoculation and in no case was this condition serious.

In numerous cases parents have been doubtful as to the safety of the immunizing injection in children suffering from asthma. In known cases precautions are taken and in no case has any complication arisen.

Immunization in early years is of prime importance, and every effort is made to provide protection as soon after school entry as possible.

PHYSICAL EDUCATION.

ELEMENTARY.

Mainly as a result of the liberal provision made by the Local Education Authority for the further training of teachers in and out of school hours, the general standard of physical training in Elementary and Special Schools has reached a high level. The keenness of teachers of all ages to avail themselves of the opportunity of widening and deepening their knowledge of modern methods of physical education has been an outstanding and gratifying feature in this City for many years.

The following new schemes of physical education have been put into effect during the past two or three years:—

- a. The Board of Education 1933 Syllabus of Physical Exercises for Infant, Junior and Unre-organised Departments, together with the following special schemes evolved to suit local conditions.
- b. Gymnastic Scheme for Senior Boys.
- c. Gymnastic Scheme for Senior Girls.
- d. Games Scheme for Junior and Senior Boys.
- e. Games Scheme for Junior and Senior Girls.
- f. Schemes of Swimming Instruction.

The introduction into the Senior Schools of a gymnastic scheme involving the use of portable gymnastic apparatus about five years ago made it necessary also to introduce a system of semi-specialisation on the part of a proportion of the younger members of school staffs. About

500 men and women volunteered for qualifying courses and are now engaged teaching gymnastics up to one-third of their time. This work is, of course, most successfully performed by volunteers who have an aptitude for it, and it is not surprising therefore, that marked progress has been made since this arrangement was introduced.

It is interesting to note that a similar development is also taking place in some Junior Schools.

The Provision of Gymnasias for Senior Schools.

During the year three new gymnasias were built (Ilmington Road S.G., Ilmington Road S.B. and Beeches Road S.M. Schools) and two halls converted into gymnasias for Senior Schools (Upper Highgate Street S.G. and Jenkins Street S.B. Schools). This marks an important step in the development of physical education in our senior Elementary Schools, making it possible in these fortunate schools to create a more effective link between personal hygiene and physical education; this is as it should be.

The gymnasias have efficient hot and cold sprays attached to them, and pupils use them after each gymnastic lesson, i.e., usually three times weekly. The introduction of spraying after physical exercise has been a conspicuous success, from all points of view; the pupils thoroughly enjoy their sprays and the process of passing through the sprays and drying afterwards, is carried out expeditiously.

PHYSICAL EDUCATION. SECONDARY.

The increase in the amount of time given to physical education in certain forms in schools of Higher Education is seen in the increased skill, poise and enjoyment of the pupils. It is hoped that facilities may be provided to make it possible for more pupils in these schools to receive three periods in the gymnasium each week.

Improved playing field facilities have been made at certain secondary schools. Moseley Secondary School now has the use of a second field at Yardley Wood Road, providing two additional Rugby pitches, and the Central Secondary School has obtained a new playing field of 12 acres, together with new pavilion, at Metchley Lane, Harborne.

Physical Recreation.

The developments described in detail in the report last year continue. The demand for physical recreation classes is increasing in all types of institutions for people of post-school age. At the present time the Committee is engaged with the question of the provision of a sufficient supply of adequately trained teachers.

PROVISION OF MEALS.

Throughout the year 733,980 free meals have been provided to necessitous children, the total number of such children in receipt of tickets on December 31st exceeding 3,500.

Children are proposed for these meals by Head Teachers and Assistant School Medical Officers, every child so recommended being supplied with meals while the family income is being investigated. A revised scale of income governing the provision of free meals has been in operation since January 1st, 1937, a scale more advantageous to those in need of this assistance. Where the family income is above the line fixed by this scale, children suffering from sub-normal nutrition (or inability to take full advantage of the education provided for them) are supplied with meals at a cost fixed by the Committee after investigation.

In 1936 arrangements were made for the examination and re-examination of children in receipt of free meals, over a period of at least twelve months.

The end of this experimental period came in 1937. Of 709 such children re-examined, 57 shewed no increase or decrease in weight; 36 shewed a decrease and 615 an increase. The children were at each examination classified according to the scale chosen by the Board of Education :

- A—Excellent
- B—Normal
- C—Slightly sub-normal
- D—Bad

At the first examination 100 children were found to have improved in category, 2 had deteriorated and the remainder were classified as before.

The two who had deteriorated had suffered from definite intercurrent illness sufficient to account for this condition. In no case were the free meals withheld as the result of re-examination of the children.

Having considered all aspects of the matter, the Committee decided to retain the initial examination but to discontinue re-examination.

A certain weakness in the Scheme now became apparent. Children in receipt of free meals were no longer eligible for this assistance if they were unable to attend school. Realising that in many illnesses and in convalescence in general, good food is a prime necessity for recovery, the Committee resolved that provision of free meals be continued in the case of children absent from school owing to illness, provided that these children are able to attend at the Centre for their meals.

In October, 1937, it was considered advisable to review the menus of the meals provided at the Authority's Centres. So far as present knowledge can guide us, the essential point in a diet adequate for growing and developing children is that a high proportion of the total Calories should be derived from "first-class protein" and other "protective foods." By "first-class protein" we mean protein of animal origin—milk, eggs, cheese, meat or fish. Among "protective foods" we include milk and milk products, eggs, fresh fruit and green vegetables. These are precisely the articles of diet which the necessitous are unable to obtain in sufficient quantity without assistance.

The existing menus were good and the conditions of the children was, on the whole, satisfactory, but in these proven necessitous cases it was safe to regard the school meal as the chief, if not the only, source of protective foods. For this reason, the Committee authorised the addition to the menu of extra cheese and vegetables and one-third of a pint of milk to each child daily, to be taken with the meal.

MILK IN SCHOOLS SCHEME.

To encourage milk drinking among the children numerous leaflets have been issued to schools for distribution to parents, especially to the parents of children who, so far, have not taken advantage of the Scheme.

As previously, the milk is pasteurised and all supplies are under the close supervision of the Health Department. The accompanying table shows the results up to October, 1937 :—

“MILK IN SCHOOLS” SCHEME.
SUMMARY OF RETURNS MADE BY HEAD TEACHERS.
(1ST OCTOBER, 1937).

(Corresponding figures for March, 1937, in parenthesis).

(Corresponding figures for October, 1936, in italics).

Type of School.	No. of Children on Register on 1st October,	No. of Children receiving milk under the Scheme of The Milk Marketing Board.			No. of Children receiving milk under other arrangements		
		Free	For Payment.	Total	Free	For Payment.	Total
Elementary ...	131,955 (133,170) <i>132,086</i>	250 (169) <i>135</i>	52,989 (53,592) <i>44,503</i>	53,239 (53,761) <i>44,638</i>	246 (502) <i>301</i>	3,751 (5,189) <i>2,891</i>	3,997 (5,691) <i>3,192</i>
Special ...	2,304 (2,315) <i>2,309</i>	1,413 (444) <i>430</i>	588 (902) <i>719</i>	2,001 (1,346) <i>1,149</i>	145 (7) <i>4</i>	— (184) <i>164</i>	145 (191) <i>168</i>
Nursery ...	138 (145) <i>139</i>	— (—) <i>—</i>	138 (145) <i>139</i>	138 (145) <i>139</i>	— (—) <i>—</i>	— (—) <i>—</i>	— (—) <i>—</i>
Secondary and other Schools for Higher Education ...	6,107 (6,139) <i>6,309</i>	— (1) <i>—</i>	1,780 (1,839) <i>1,694</i>	1,780 (1,840) <i>1,694</i>	— (—) <i>—</i>	31 (33) <i>—</i>	31 (33) <i>—</i>
Total ...	140,504 (141,769) <i>140,843</i>	1,663 (614) <i>565</i>	55,495 (56,478) <i>47,055</i>	57,158 (57,092) <i>47,620</i>	391 (509) <i>305</i>	3,782 (5,406) <i>3,055</i>	4,173 (5,915) <i>3,360</i>

Arrangements other than those of the Milk Marketing Board are Schemes whereby children receive, free or for payment, dried milk or other proprietary milk preparations. Such arrangements are at the discretion of the Head Teachers.

It will be seen from the above table that there has been an increase of 20 per cent. in the number of children actually receiving milk under the Scheme of the Milk Marketing Board and of 24 per cent. under other arrangements.

The increased issue of free milk in Special Schools resulted from the Committee's decision following a memorandum on this subject from the Special Schools Medical Officer, in respect of children attending Schools for mental defectives. He stated his opinion that “the physical, social and mental inferiority of these children puts them into a special category in regard to the whole question of nutrition.”

CO-OPERATION WITH OTHERS.

To obtain the best results from the Service, an outline of which is given in this Report, it is necessary to secure the co-operation of numerous individuals and organisations. Teachers have always given generously of their help in every way—preparing for medical and dental inspections, assisting in following-up and in presenting special children

for examination. As already mentioned, School Attendance Officers are playing an increasingly important part in the work and in practice it is found that the close association of these three, Teacher, Attendance Officer and Doctor, Dentist or Nurse, forms a strong and effective combination.

The response of parents is gratifying. They attend well at medical inspection and use the Clinics freely.

So far as time and opportunity will allow, touch is maintained with the Home and Schools Council, and occasional talks at parents' meetings have been arranged.

The valuable work done by the Society for the Care of Invalid Children has already been mentioned in relation to rheumatism and arrangements exist whereby this Society's children are kept under observation after their return to the ordinary schools. During 1937 the Children's Country Holiday Society provided holidays in the country or at the seaside for 1,781 of our children, a holiday sufficiently long to be beneficial to all, and in many cases to prove a turning point in the health history of individual children.

One is able also to record with appreciation the help afforded by Private Practitioners, Visitors of Boarded-out Children, and Juvenile Welfare Workers.

SPEECH TRAINING CLASSES.

Dr. Kemp who has worked with the Speech Therapists reports as follows :—

1. *Severn Street.*

					<i>Number of Names on Register at 1st January, 1937.</i>		
					<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Stutterers ...	...	...	...	...	68	8	76
Other Defects ...	...	...	...	...	16	7	23
					84	15	99

					<i>Children Discharged during 1937.</i>		
					<i>Stutterers.</i>	<i>Other Defects.</i>	<i>Total.</i>
Provisionally cured ...	...	...	...	...	18	7	25
Much Improved ...	...	...	...	...	24	4	28
Slightly Improved...	...	...	...	...	5	4	9
Failed to continue...	...	...	...	...	6	1	7

It is felt that the earlier a stutterer is referred for treatment the better, and during the year it has been noted that the rate of improvement in children under the age of 8 has been quicker than in older children.

The results of treatment in the great majority of cases dealt with have been highly satisfactory; as far as possible the Speech Therapist keeps in touch with young people who have left school after having been in attendance at the Speech Classes, and who are now employed in various branches of industry. In this way it has been possible to determine that cure or improvement is frequently permanent.

Audiometer Testing at Severn Street.

The importance of full hearing capacity to stutterers and stammerers was considered so great that it was decided to test the hearing of all the children under treatment for speech defects, by means of the gramophone audiometer.

90 children were actually tested and of these 9 were found to have some hearing loss. 4 of the number received treatment for blockage by wax, and their hearing is now normal; their speech has also improved considerably. The other 5 were found to require other forms of aural treatment and these they are now receiving.

It would be a great advantage if the Audiometer test could be applied to all children with speech defects after their admission to a class.

2. *Montgomery Street.*

Number of Names on Register at 1st January, 1937.

					<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Stutterers ...	...	...	...	...	36	7	43
Other Defects	...	...	...	...	8	6	14
					44	13	57

Children Discharged during 1937.

					<i>Stutterers.</i>	<i>Other Defects.</i>	<i>Total.</i>
Provisionally Cured	...	...	...	...	15	1	16
Much Improved	...	...	...	...	4	4	8
Slightly Improved...	...	...	...	...	3	3	6
Failed to continue...	...	...	...	...	6	—	6
					28	8	36

An interesting experiment tried during the year at Montgomery Street has been the construction and use of the Marionette Theatre. The construction has been carried out by a group of senior boys under the direction of a handicraft instructor who kindly offered his services. The aim of the Speech Therapist in instituting this experiment was three-fold.

1. To give greater muscular co-ordination and control through extra handwork,
2. To assist in the development of the "team spirit"—in which children with speech defects are frequently deficient,
3. To assist in the banishment of selfconsciousness by the performance of plays in which the speakers themselves were invisible to the audience.

Boys who have quite a severe stutter in ordinary conversation have been able to get through a long part in a play without any hesitation—when they were, so to speak, "disembodied voices," and had no attention focused upon their own personalities.

The investigation into the incidence of left-handedness is being continued and the results are as yet incomplete, but it may be of interest to note that of 106 stutterers examined so far, 43 per cent. were left-handed.

3. *Speech Training Classes at the Children's Hospital.*

These classes were visited by the School Medical Officer and one of the District Inspectors of Schools, and their joint opinion is that the methods employed are remarkably energetic, designed to arouse and hold the interest of even the youngest children. The children thoroughly enjoy the classes. The speech of each individual child in the Junior Class was heard, and it is pleasing to record that the results are excellent, and quite equal to the previous high standard.

CHILD GUIDANCE CLINIC.

The following is a report by the Medical Director of the Child Guidance Clinic :—

“The chief event of this fifth year of the Clinic’s existence was the removal to its own premises at 45, Lee Crescent, Edgbaston, in April, 1937. There we have seven rooms instead of three, and can therefore breathe and expand. At the same time the services of the Clinic have been extended to the whole City instead of being, at least nominally, confined to one-third of its area. The numbers referred for treatment have risen somewhat, but not to any remarkable extent; the suitability of cases chosen for referral has also increased, so that we have been able to cope with the case-load without undue strain. The totals for each year have shown remarkable uniformity, averaging about 180, of which about 120 are taken on for treatment; the remainder being only cases for diagnosis or proving unsuitable or unco-operative for various reasons.

The following table shows the sources from which cases have been referred from April, 1937 to January, 1938 :—

<i>Sources of Referral :</i>					no.
Medical Officers	...	...	...	...	37
Special Schools Dept.	...	...	...	...	11
Head Teachers	...	...	...	...	72
Juvenile Courts	...	...	...	...	13
Parents	...	...	...	...	18
Attendance Officers	...	...	...	...	8
Hospitals	...	...	...	...	18
Birmingham Society for the Care of Invalid Children	...	...	...	...	3
Juvenile Employment and Welfare Department	...	...	...	...	2
Speech Classes	...	...	...	...	10
Social Agencies	...	...	...	...	10
Private Doctors	...	...	...	...	4
Infant Welfares’ Centres	...	...	...	...	2
Total					208

Several interesting developments have been possible, which have heightened both the interest and value of the work.

In the first place we have had the loan service of Miss Trimble (from the Children’s Clinic under Dr. Lowenfeld in London) as play-room supervisor, and this has resulted in the application of play-therapy in a more methodical and scientific manner. This technique is of such interest and importance in modern Child Guidance that, although it has been referred to in previous reports, further information on the subject will not be amiss.

The play-room of a Child Guidance Clinic has two main purposes : observation and treatment.

A knowledge of a particular case has to be as complete as possible before treatment can be successfully employed, although much of the information is gained as treatment proceeds. In addition to the facts acquired through what may be termed external evidence : (the history of the case and of the family environment supplied by the parent; information supplied by the teachers; conversation with the child; psychological tests; physical examination), the diagnosis of the case is established by *internal* evidence, i.e., by what the child reveals of his inner life while under observation at the Clinic. By inner life is meant the feelings, desires and imagination, which the child mainly reveals

through the medium of *play*, since they cannot for the most part be expressed in words, especially in the case of younger children. For this purpose the child is under observation in a prepared environment, i.e., a play-room furnished with materials designed for particular purposes.

The child attends for two or more sessions weekly, for one, or two hours, at a time, in a group varying from four to ten according to the purpose of the group as well as the space and time available. There should be a play-room worker to every two children, under the supervision of a trained play-therapist or psychologist.

Their chief functions are :

(a) To observe accurately the child's attitude, activities, methods of approach, conversation, etc., and make full notes.

(b) To supply whatever material the child may seem to require, and occasionally to encourage or make suggestions, but never to the extent of forcing the child to any particular activity, since all play must be as free and spontaneous as possible. Restraint should only be exercised when there is danger to limbs, destruction of property or useless rowdiness.

(c) To remain as unobtrusive and impersonal as possible, not creating emotional relations with the child.

The diagnostic role of the play-room cannot however be separated from the curative, since both proceed together.

Play for the child is his work and his most vital activity through which he learns external reality, develops his personality, and relieves his tensions and conflicts. It has been learnt through the work of various child psychologists that much of the play of maladjusted children especially in the more "elemental" forms of it, such as water, mud and "messy" activity generally is intimately connected with such early functions as feeding, weaning, training in cleanliness, and other nursery activities, as well as the earliest manifestations of love, anger, jealousy, etc. If any of such primitive urges or feelings have been unduly thwarted or repressed, the need for their satisfaction persists and the child or adult when faced perhaps with further difficulties becomes "maladjusted" or "neurotic". Such children can be helped to get rid of these repressions and the anxiety connected with them by having the opportunity of playing as freely as they choose. (Many of them have indeed never had such opportunity, especially in the case of town children who, from the point of view of natural play, live under very artificial conditions).

Through play they also secure an outlet for their interests and creative abilities, and thus gain security and a sense of achievement, which most of these children sadly lack.

A further point must be mentioned with regard to the curative aspect of play : whether interpretation is necessary, that is to say whether the child must be brought to understand the meaning of his play and its connection with his problems, and in fact with his whole attitude to life. Opinions differ on this point, but it is probably true to say that while play has in itself a curative and formative value, some degree of interpretation is valuable for these children, particularly the older and more intelligent ones. This, however, is a skilled and delicate proceeding and can only be carried out by someone with a knowledge of child psychology and with definite training.

The play-room technique at present being carried out at this Clinic is partly that which has evolved as a result of experience here, but very largely along lines worked out by Dr. M. Lowenfeld at the Children's Clinic in London.

Another problem which has hindered the completeness of our methods up to now has been the absence of proper facilities for extended psycho-therapeutic treatment of parents. It is often said that there are really no problem children but only problem parents; this is an exaggeration of the truth, as there are many other factors besides the parents in the production of neurosis or behaviour disorder in children; besides, the problem of the parent is not necessarily one of active neurosis requiring active treatment, but there are certain cases where this is imperative. Thanks to the voluntary services of two psychiatrists, Dr. May Pearce and Dr. Haas, the treatment of parents at the Clinic is now possible. The advantages of having this carried out on the premises are various, but principally it is a case of unification and co-ordination in the treatment of the family situation.

Another interesting addition to the Therapeutic Technique is the method of re-education in the "use of the self" devised by Dr. F. N. Alexander (a method incidentally now preached by Mr. Aldous Huxley among others).

Briefly stated, it consists in teaching inhibition of ordinary movements (which are badly performed by most individuals) in order to allow the action of the body in general to be controlled by the posture relation of the head to the spinal column. This brings into play certain neck muscles whose use has hitherto been ignored; the importance of which has, however, received scientific verification by the work of Nagnus at Utrecht.

Mr. Patrick Macdonald has been treating a group of boys by this method for some months past, and the results are certainly encouraging.

It need hardly be said that there is nothing incongruous in using neuro-muscular control as an aid in the treatment of neurosis if one accepts the intimate body-mind relationship.

It is not possible to mention all the voluntary workers whose help has been invaluable. In addition there have been groups of students attending the Clinic, for experience as part of their course in Social Science, from Selly Oak College and the Birmingham Settlement, and from Birmingham University.

We start therefore on the sixth year with the feeling of being an integral part of the educational and civic life of the City."

REMAND HOME.

The number of boys committed to the Remand Home during the year ended December, 1937, was 464. Of these 256 were Birmingham boys and 208 were from other areas.

118 boys were examined by the School Medical Officer either on committal to an Approved School or on remand for special examination.

Apart from such medical examinations the boys are kept under medical supervision in respect to their general health, nutrition and diet, during their stay in the Home, and throughout the year the standard of health has been generally satisfactory.

COTTAGE HOMES.

The health of the children at both the Erdington and Shenley Fields Cottage Homes has been satisfactory. In such institutions outbreaks of infectious diseases are always likely and in fact almost inevitable. Close supervision has made it possible to prevent such institutional epidemics from attaining alarming proportions.

In 1937 the following numbers of children were resident in these Homes :—

			Admitted	Discharged
Erdington	...	...	200	204
Shenley Fields	...	...	224	207

SUMMER HILL RECEIVING HOMES.

Owing to the heterogeneous and transitory characteristics of its inmates this institution furnishes quite a problem of administration. Here are admitted children requiring care and protection, waifs and younger children on remand. Since in many cases little or nothing is known of their previous medical history the problem of infectious disease is ever present.

Throughout the year 1,216 children were admitted and 1,211 discharged. The Home accommodates 147. Some of these children are drafted to the Committee's Cottage Homes at Shenley Fields and Erdington, others to Father Hudson's Home at Coleshill, while still others are boarded-out by the Authority.

BOARDED-OUT CHILDREN.

The total number of children boarded-out was, at the end of 1937, 564.

During 1937, 449 children have been examined. This includes 344 ordinary boarded-out children and 105 children boarded-out as Care and Protection Cases with foster-parents in Birmingham and Bewdley. 133 children were recommended for treatment, and 111 for Medical Extras. 189 children received private treatment for various illnesses.

CAMP SCHOOLS.

		<i>Bell Heath.</i> (Boys)	<i>Blackwell.</i> (Girls)	<i>Stansfeld.</i> (Boys)
Number of weeks Camp Schools were open	... ..	39	39	40
Number of children who spent a period at a Camp School	... ..	845	1,029	520

During the year one special case was sent to Bell Heath on the recommendation of the School Medical Officer.

NURSERY SCHOOLS.

Nursery School, Tiverton Road.

Dr. B. S. Alexander reports as follows :—

Number of children on Roll	...	...	...	...	60
Number of Routine Examinations	...	...	...	...	70
Number of re-examinations...	...	...	...	...	19
Number of special examinations	...	...	...	...	21

Defects found :—

	<i>Routine Cases.</i>						<i>Special Cases</i>
Impetigo	—						2
Other Skin Diseases	4						3
Minor Eye	—						3
Minor Ear	1						—
Squint	1						3
Defective Vision	—						1
Enlarged Tonsils	3						2
Enlarged Tonsils and Adenoids	3						—
Enlarged Glands	—						3
Bronchitis	3						1
Deformities	2						—
Other Diseases	3						3
Anaemia	1						—

Nutrition :—Sub-normal, 4 ; Bad, 1.

Minor defects of skin, eye and ear continue to be treated by the Nurse at the School. One skin condition was treated at the Infant Welfare Centre and one by a private Doctor. A child suffering from Rheumatism was treated at the Dispensary.

Ultra-Violet treatment has been given to 9 children at the Infant Welfare Centre for general debility and Bronchitis.

The Infant Welfare Centre has also given remedial treatment for flat feet to these children.

Three children have been operated on for Tonsils and Adenoids at Selly Oak Hospital, and 9 are still waiting admission.

One child had glasses prescribed by the Ophthalmic Surgeon for Squint. The attendance was least from April—July, having an average of 54 out of 60 at that time. It has fallen off at certain times owing to infectious diseases :—

Chicken Pox—three cases during Christmas Holidays.

Measles—18 cases in March.

Whooping Cough—14 cases in August and September.

On the whole the increase of weight in the children is satisfactory but there are three children who are under weight and require special supervision. The mothers have co-operated well about cleanliness and treatment. 14 children were inoculated against Diphtheria.

All the children have dinners and milk. All have cod liver oil during the Winter, except two, with whom it does not agree. These have Parrish's Food.

Report of Dr. V. H. King on Summer Lane Nursery School and Dartmouth Street Nursery Classes, for the year 1937.

Summer Lane. Dartmouth Street.

Accommodation	74	64
No. on Register	78	67
Average Attendance	72	60

Cases of Infectious Disease :—

					<i>Summer Lane.</i>	<i>Dartmouth Street.</i>
Rubella	...	...	...	...	—	—
Measles	...	...	...	...	17 (1 died)	9
Whooping Cough	...	...	...	...	—	2
Chicken Pox	...	...	...	...	—	—
Scarlet Fever	...	...	...	...	—	2
Diphtheria	...	...	...	...	3 (1 died)	2
Mumps	...	...	...	...	—	—
TOTAL	...	...	...	...	20	15
No. of children failing to shew satisfactory gain in weight	...	...	...	...	14	14

Summer Lane Nursery School.

The condition of the children at Summer Lane is good and shows continuous improvement. The Nurse is to be congratulated on obtaining the inoculation against diphtheria of all children but one, and on the effective following up of children requiring dental treatment.

The condition as regards infectious disease, though improved, cannot be regarded as satisfactory, the close association of the children, which is inevitable in the cramped quarters of the old building, favouring the spread of catarrhal infections such as measles.

It is considered that a reduction in the incidence and duration of colds and coughs could be achieved if all the children received regular irradiation with ultra-violet light. If a lamp were available this could be carried out by the Nurse in charge.

Dartmouth Street Nursery Classes.

At Dartmouth Street also there is very obvious improvement in the health of the children though the actual condition is not so good as at Summer Lane. This results in great part from the fact that the children are drawn from a lower social stratum, the mother, of necessity, having to go out to work. In smaller part, however, it is due to the difference in the amount of time devoted by the nursing service. The nurse at Dartmouth Street is fully occupied with the dressings of sores, impetigo, running ears, etc., and has no time for following up in the homes, which in their district is essential if the best results are to be obtained. Co-ordination with the visiting medical officer is also, of necessity, unsatisfactory, as the nurse is not available for assistance at routine and other inspections. 2,249 dressings were carried out by the Nurse during the year.

As the result of the efforts of the teaching staff, who arranged the conduct of the children, ten of them have received ultra-violet light treatment at Sheep Street Clinic. These represent only the most necessitous cases; almost all the children at this school would benefit by artificial sunlight treatment, and it is hoped that it may be possible to arrange for its provision. In particular it is hoped by this means to reduce the number of complications such as bronchitis, otitis media, etc., of nose and throat infections, and the number of cases of impetigo.

The Staff at Dartmouth Street is to be congratulated on the very good results which have been obtained with difficult material, these results being obvious, not only in the condition of the children, but in the increasingly co-operative attitude of the parents.

SECONDARY SCHOOLS AND OTHER INSTITUTIONS FOR HIGHER EDUCATION.

Medical Inspection is carried out according to the requirements of the Board of Education that provision shall be made for such inspection of these children :—

- (i) During the first term after their admission to the School.
- (ii) In each subsequent year of their age during the period of their attendance.

Parents are invited to attend and do so in a large proportion of cases. During the examination of boys a Nurse is not present, nor does the Nurse undertake the following-up of children found with defects. Following-up is done by re-inspection and by notifying all defects to the Head Teacher whose influence towards securing any necessary treatment is always available and always strong.

Arrangements for Treatment.

The Local Education Authority has approved the following course :—

- a. That the Heads of Secondary Schools should notify the parents of children found during the course of medical inspection to exhibit any defect, of the need for treatment, emphasising that if left untreated the defect may, in certain cases, jeopardise the chance of employment.
- b. That, in communicating with the parents, the Heads of the Secondary Schools should point out that in certain circumstances, if treatment is not obtained elsewhere (e.g., in the case of the need for spectacles through an Ophthalmic Surgeon) it may be obtained through the School Medical Service.
- c. That, after the lapse of a reasonable time, if treatment has not been obtained through other sources, the Heads of Secondary Schools should urge parents to obtain it through the Clinics.

Dental Inspection and treatment follow the same lines as those outlined above.

EXAMINATION OF CHILDREN FOR EMPLOYMENT.

Bye-laws made under the Children and Young Persons' Act, 1933, regulate the employment of children in the delivery of milk or newspapers. Such children must be over 12 years of age and it is provided that :—

“The child shall not be so employed unless within 14 days from the date when the employment begins, the child has obtained from the School Medical Officer a certificate that such employment will not be prejudicial to his health or physical development and will not render him unfit to obtain proper benefit from his education, and the certificate has been produced to and endorsed by his employer. No charge shall be made for such certificates.”

The number of children examined for this purpose continues to increase, as is shown by comparison with the figures for 1936 :—

Year ended 31st December, 1936	2,849
Year ended 31st December, 1937	3,135

Reference to the Bye-law quoted above shows that the child is not permanently certified for employment. These children change their occupation frequently and each employer must obtain a fresh certificate. The examinations are conducted at the Clinics and their growing number

occupies an appreciable portion of the time of the Assistant School Medical Officers. Few of the children are refused their certificates and it may, therefore, be urged that the procedure is unnecessary. Certification with medical examination has made it possible to improve the conditions of these occupations and remains a safeguard for the welfare of children so employed.

A child of twelve years or upwards may be employed in public entertainments only upon a licence being granted by the Local Education Authority. Girls apply for these licences in order to take part in pantomime performances. 83 children were examined for this purpose. In addition, the School Medical Officer inspected lodgings for 19 girls coming from other districts to perform in Birmingham on licence.

TRANSFERENCE OF JUVENILES FROM THE SPECIAL AREAS.

During the year 366 juveniles (327 boys and 39 girls) were brought to Birmingham and placed in employment under the Juvenile Transference Scheme, making a total of 1,173 juveniles (1,070 boys and 103 girls) transferred since the introduction of the scheme in January, 1935. Only juveniles who are considered to be physically and mentally suitable for transference are selected. The girls on their arrival are placed directly into lodgings which have been inspected and approved beforehand. Boys as a general rule are accommodated in the Reception Hostel which was opened last year in the specially adapted premises of the Arden Road Schools. 294 boys passed through the Hostel during the year and stayed there for periods varying from 3 to 6 weeks before moving into lodgings. Advantage is taken of their probationary period in the Hostel to inculcate habits of personal cleanliness and thrift and complaints from landladies of the untidy habits of some of their juvenile lodgers have now almost ceased. The menu provides for a well balanced diet and is accordingly appreciated by the boys, and the few cases of under-nourishment discovered on arrival quickly regain their vitality.

Only in four instances has there been any serious illness amongst transferred juveniles, one of whom, a victim of long-standing tuberculosis, has since died. A number of these boys and girls suffering from minor ailments consult the School Medical Officer at the Education Office and are advised as to treatment—others with minor injuries sustained at work or play are referred to the local Hospitals for treatment of which full advantage is taken by virtue of their weekly contributions to the Birmingham Hospitals' Contributory Scheme.

DEATHS IN CHILDREN OF 5-15 YEARS.

The death rate of children in the decade from 5 to 15 years is always smaller than that of any other age period. The following table which covers the whole period since the War affords evidence of the general improvement in the health of the children of the City.

DEATHS OF CHILDREN AGED 5-15.

CAUSES OF DEATH CHILDREN 5-15	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Measles	8	24	19	11	5	13	5	9	2	8	3	16	6	22	3	6	5	6	4	6
Scarlet Fever	7	24	40	16	11	18	7	4	7	3	1	3	9	4	4	10	3	3	4	2
Whooping Cough	10	3	8	5	7	0	2	4	8	2	4	7	6	4	7	2	2	2	1	3
Diphtheria	87	63	95	64	49	60	51	39	64	37	38	41	34	36	17	15	46	54	34	43
Influenza	223	42	25	2	6	6	8	10	2	9	4	14	2	2	4	6	4	5	3	9
Pulmonary																				
Tuberculosis.....	52	31	26	25	22	24	17	23	16	17	10	18	13	13	16	8	6	14	4	10
Tuberculous																				
Meningitis	20	19	9	15	15	13	12	20	13	18	13	7	11	15	12	14	8	15	9	5
" Peritonitis																				
Other Tubercu- lous Diseases	9	16	5	6	7	6	3	5	6	9	1	6	2	3	0	1	3	0	2	2
Rheumatic Fever	21	17	17	7	7	12	4	9	5	11	8	4	5	6	10	9	6	10	7	7
Cerebro-Spinal Fever.....	10	9	17	8	14	13	17	22	24	21	17	18	26	18	24	17	35	21	24	11
Heart Diseases.....	4	2	3	0	3	0	0	0	0	1	2	2	2	1	1	1	1	1	3	3
Bronchitis	27	41	30	28	31	24	21	25	27	14	22	22	13	11	9	9	10	2	8	10
Pneumonia	10	11	5	3	4	5	0	4	3	6	1	3	0	0	1	1	1	0	0	0
Appendicitis	91	56	49	46	36	31	25	31	35	34	23	26	16	24	18	19	22	13	17	20
Accidents	16	25	20	20	15	13	14	13	11	10	13	10	9	9	7	12	7	11	14	13
All Other Causes	57	44	43	29	24	32	25	40	43	28	46	58	51	40	43	45	41	38	37	40
	86	99	110	89	80	99	88	79	89	96	78	104	77	66	96	92	90	73	74	71
TOTAL	738	526	521	374	336	369	299	340	352	324	284	359	282	274	272	267	290	268	245	255

SPECIAL SCHOOLS SUB-COMMITTEE, 1936-37.

Councillor Miss SANT, M.A., J.P. (*Chairman*).

Mr. Alderman W. B. KENRICK (*Ex-officio*).

Alderman Dr. W. B. FEATHERSTONE, J.P.

Councillor Mrs. CLARKE, J.P.

Mr. Councillor H. JOHNSON.

Councillor Miss KENRICK.

Mr. Councillor F. MOUNTFORD.

Mr. Councillor J. RIGBY.

Mr. Councillor N. TIPTAFT.

Councillor Mrs. WILLS, J.P.

Mr. Councillor V. F. YATES.

Miss E. M. BARLING, M.B.E.

Miss J. DAVID.

Mr. E. F. FREELAND.

Mrs. BARROW CADBURY, D.B.E., J.P

CHIEF EDUCATION OFFICER :

P. D. INNES, C.B.E., M.A., D.Sc.

CLERK TO SUB-COMMITTEE :

H. B. NEWSOME.

INSPECTOR OF RESIDENTIAL AND SPECIAL SCHOOLS :

ELIZABETH L. S. ROSS, M.A., B.Ed.

SPECIAL SCHOOLS MEDICAL OFFICER :

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

OPHTHALMIC SURGEON :

H. W. ARCHER HALL, D.O.

ORTHOPAEDIC SURGEON :

F. WILSON STUART, M.D., Ch.M.

VISITING MEDICAL OFFICERS :

Cropwood and Hunter's Hill Schools : MITCHELL I. DICK, M.B., Ch.B.

Consultant Medical Officer, Baskerville School :

W. CAREY SMALLWOOD, M.B., Ch.B., M.R.C.P., M.R.C.S.

SPECIAL SCHOOLS

ANNUAL REPORT OF THE SPECIAL SCHOOLS MEDICAL
OFFICER, CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.,
FOR THE YEAR ENDED 31st DECEMBER, 1937.

MEDICAL INSPECTION AND TREATMENT.

No change has been made during the past year in the arrangements under which routine medical inspections of children have been conducted in the Special Schools, although, for various reasons, slightly fewer inspections were held.

The total number of children examined was 1,436 as compared with 1,601 in the previous year. These numbers relate to general medical examinations of children at the Day Schools for the Partially Sighted, Deaf, Mentally Defective and Physically Defective. They do not include the children seen at the more frequent visits paid to the Baskerville Residential School and the Open Air Schools.

Such children as needed treatment for minor ailments, for defects of vision or hearing or operations for the removal of tonsils were referred in the ordinary course to the School Clinics, while children requiring exceptional treatment were referred to the City Hospitals.

DAY SCHOOLS FOR THE PHYSICALLY DEFECTIVE.

Mr. Wilson Stuart, the Orthopaedic Surgeon, has furnished the following report on his work at the two Day Schools for Physically Defective Children :—

“During 1937 six inspections were held at George Street West P.D. School; 85 children were examined, 30 were treated in the School by Miss Hogarth, Masseuse, who gave in all 2,775 treatments as follows :—

Massage	...	...	...	915
Radiant Heat	...	...	...	400
Electrical Treatment	...	...	...	888
Remedial Exercises	...	...	...	572

At Little Green Lane P.D. School six inspections were also held and 110 children were examined, 44 children were treated by Miss Turner, Masseuse, in School. Miss Turner gave 3,064 treatments as follows :—

Massage and Exercises	...	...	2,004
Radiant Heat	...	...	801
Electrical Treatment	...	...	259

The installation of rib stalls at George Street West has been a great help. I must again place on record my appreciation of the work which is being done by the masseuses, and the co-operation of the teaching staff, particularly the headmistresses, who so kindly record the notes for me.”

BASKERVILLE RESIDENTIAL SCHOOL.

As a result of the “short-term” policy adopted at this School, i.e., of admitting early convalescent cases of rheumatism, which can be returned to elementary schools, for the most part, after a stay of two

or three terms, there has been an actual shortage of cases especially of boys, for admission. This may also be due to an actual remission in the total number of cases in the City which has been noted, although no actual figures as to this appear to be available.

A letter has recently been sent to Hospital Physicians, signed by the Chief Education Officer, which is quoted :

“PROVISION FOR RHEUMATIC CHILDREN AT BASKERVILLE SCHOOL.

There are vacancies at present, especially for boys, at the above School, and your attention is drawn to the type of cases which can be admitted.

Those which may be expected to derive the most benefit from the type of treatment and education provided in this School may be described as post-convalescent cases; that is to say, children who have recently been through an acute rheumatic infection with or without damage to the heart, and have recovered sufficiently to be up and about at least for a few hours each day. Such children are not ready for a resumption of their ordinary life with attendance at elementary school, while for the most part, their homes are not suited to a convalescent existence. At Baskerville they will have the necessary amount of rest under medical supervision and, in addition, resume their education without undue strain.

After two or three terms of this regime they will probably have greater powers of resistance and will be less likely to suffer from relapse or from the insidious increase of damage to the heart, which might otherwise pass unnoticed.

The only danger to be feared when rheumatic children are congregated, is fresh infection from the sore throats which occur in small epidemics. With increased accommodation for isolation, and various other measures, it is hoped to reduce the danger of epidemics of this sort, but it cannot altogether be overcome in the present state of knowledge. For this and other reasons, it has been found best not to send children whose heart condition is stabilised or chronic; for these provision is made at two day schools for physically defective children, where they are conveyed by bus. In any case, these latter cases do not require the temporary residential period as much as the more recent cases, except in certain circumstances, such as very bad home conditions.

Generally speaking, cases are selected for admission at examinations held periodically at the Education Office by Dr. W. Carey Smallwood, Consultant Officer to Baskerville School, and by Dr. C. L. C. Burns, Special Schools' Medical Officer, but when it seems desirable that cases should be admitted straight from hospital, if sufficiently convalescent, this can be arranged. A list of such cases, with clinical details, should be sent to the Chief Education Officer. Admissions will of course depend on vacancies being available.

I trust that the above information will be of service to you in dealing with your cases of rheumatism in children.”

Together with the first welcome signs of work having started in connection with the new Isolation Block, came the usual crop of ailments which afflict us in autumn and winter. It has not been such a typical epidemic as is generally the case, probably due to the more rigorous

measures of isolation (so far as this is possible), sterilisation and aspirinisation which are now adopted. It may be of interest to tabulate the number and type of complaints (which, however, are not clearly demarcated but merge into one another) which have needed much devotion and care on the part of the staff.

CASES.

Acute throats...	...	...	...	...	...	13
Carditis following above	...	...	...	6		
Requiring admission to hospital	...	...	4			
Slight throats followed by various types of reaction in temperature	...	...	...	8		
Slight throat infection followed by no apparent reaction	...	...	...	4		
				—		12
Coryza and other conditions	...	...	...	...	...	5
Total Cases...	...	...	...	...	...	30

The above cases were charted as to order of occurrence and position of their beds. In only about four of the cases did it appear that bed to bed infection was to blame. There are, however, so many other possibilities of infection at table, school, and play, that it is a difficult matter to say how, when, and why, this type of infection occurs.

In spite of these epidemics, which may be dangerous to some cases, the beneficial effect of having this type of school for rheumatic children is obvious to anyone who works there. The dangers will, it is hoped, be reduced considerably when the new Isolation Block is at last built. It may be said that the provision for rheumatic carditis included in such a sequence as : hospital—convalescent home or ward—Baskerville—follow-up at Rheumatism Clinic—Special School provision where necessary, is a fairly complete one.

OPEN-AIR SCHOOLS.

A. Residential—Hunters Hill (Boys) and Cropwood (Girls).

The type of cases which are treated at these Schools was summarised in the Report for 1934 and it will be seen that they can be divided broadly into two main classes: "Debility" which may be said to be a condition corresponding, directly or indirectly, to that much discussed functional state "Malnutrition", and secondly lung disorders such as chronic bronchitis, fibrosis, bronchiectasis, and asthma. The treatment of all cases may rightly be called "nature-cure" since it consists in open-air, correct diet, and a due relation between exercise and rest.

In the former class a marked and permanent improvement is to be expected, except in those cases where the child has to return to conditions of poverty and bad housing, which render any form of treatment almost valueless, and, to put it at the lowest, almost a waste of money.

In the variety of lung disorders, improvement chiefly depends on the extent of actual gross damage to the lungs, so it is hardly possible to estimate the final results. There is one condition, however, which is sufficiently homogeneous to enable one to estimate results with some degree of finality and that is Asthma.

In Medicine, however, due caution must be exercised, and allowance made for other factors. It is considered by some, for example, that

about half of all cases of asthma simply "grow out of it", but most of such cases have surely received some form of treatment, such as protein desensitisation or treatment for sinus infection. It may be said in any case that in the first place the cases of asthma sent to residential open-air schools are those with frequent attacks, secondly that they are of long standing, and thirdly that they have practically all had some or other form of treatment which has failed. Indeed, in some instances one wonders why these cases have been left until they are eleven years of age or more without being caught for the open-air school in some mesh or other of the health services.

The mere cessation of attacks while at open-air school is nothing surprising, since it is commonly found upon removal of the child from home, but the amount of success can only be measured by the results when the child returns to ordinary school or goes to work. As promised in last year's report, a more careful follow-up has been carried out of asthma cases who had been at Hunters Hill and Cropwood from 1930 onwards, and the results are tabulated below. These would seem to be sufficiently good to encourage others to use this method of treatment, and to add a further reason for the establishment of more open-air schools in other parts of the country. One would like, however, to see more co-operation and co-ordination in the treatment of asthma; so many of our cases seem to have drifted from doctor to doctor, from clinic to hospital, with little communication or following-up between them.

	<i>Girls.</i>	<i>Boys.</i>	<i>Total.</i>
Number attended	3	9	12
Wrote in reply to Questionnaire ...	5	7	12
No reply	2	8	10
Letter returned " Undelivered " ...	5	2	7
<hr/>			
TOTALS	15	26	41
<hr/>			

Of the cases who attended :—

- 1 had severe attacks
- 4 had occasional slight attacks
- 7 had kept free from attacks

Of those in respect of whom replies were received :—

- 1 had died (admitted age 14 and stayed 2 months only)
- 2 still get asthma fairly frequently
- 4 still get occasional slight attacks
- 5 have kept free from asthma.

Those who did not reply were followed up by home-visits from School Attendance Officers and the following results obtained :—

- 4 kept perfectly well
- 4 kept fairly well—at work
- 2 still having attacks fortnightly or monthly but at work

The following total results are therefore obtained :—

16	kept well
12	occasional or slight attacks
5	still get asthma
1	died
7	untraced
—	
41	Total
—	

The great majority of these cases left school about two years ago and the lapse of time is sufficient to warrant a favourable verdict on the permanence of their improvement.

The following points are worth noting :—

1. The ages on admission ranged from 7 to 13, the average age being about 10.
2. Half the cases followed up had been for varying periods at day open-air schools, and had not improved appreciably. Most of the cases had also received hospital treatment.
3. Practically all the cases had suffered from asthma since early childhood. Asthma commonly follows upon bronchitis in infancy.
4. The average length of stay proves to be a little over eighteen months. There was one who stayed 4 years, and several over 2 years.
5. It is noteworthy that of those cases who still get attacks, four or five out of about nine were admitted at the age of 13.

Another small piece of investigation at these schools was concerned with the question of tonsillectomy. In these days there is a swing of the pendulum every few years from mass removal to comparative immunity where tonsils are concerned, and a consideration of the subject among a selected group may therefore be of interest.

Among 200 children admitted to these schools only about 20 per cent. arrive with their tonsils left to them, and this is not to be wondered at, since all these children have been, or are, unhealthy in some way or another. Whether it has been wise or not to have removed their pharyngeal appendages is another matter, which it is impossible to solve, but among the forty odd children who arrive in this respect as nature made them, it has seemed necessary to advise the operation in 12 cases—6 boys and 6 girls. Most had been at school for several months before it was done, and several were examined first by specialists. In practically every case it may be said that the results were beneficial, as shown most strikingly by the increase in weight immediately following. It need hardly be said that the tonsils were not removed merely because they were large.

<i>Ages.</i>	<i>Complaint.</i>			<i>Average gain in lbs. over 3-monthly period. Before. After.</i>		<i>Remarks.</i>
Boys						
10	Bronchitis	...	...	1 lb.	4 lbs.	Much improved
13	Asthma	...	...	Nil	3 lbs.	Improved
14	Bronchitis	...	...	Nil	3½ lbs.	Improved
11	Debility	...	...	3 lbs.	5 lbs.	Much improved
10	Old Rickets	...	...	½ lb. loss	3 lbs.	Much Improved
11	Debility	...	...	2 lb.	3½ lbs.	Much the same
GIRLS						
10	Debility	...	...	Nil	7 lbs.	Much improved
6	Debility	...	...	1 lb.	2 lbs.	Much improved
9	Debility	...	...	1 lb.	2 lbs.	Improved
7	Asthma	...	...	Nil	1 lb.	Much the same
8	Bronchitis, Otorrhoea			Nil	6 lbs.	Much improved
11	Debility	...	...	3 lbs.	3 lbs.	Improved

Averages : Boys Age. Before. Gain. After.
 11 ½ lb. 3½ lbs.

Averages : Girls Age. Before. Gain. After.
 8—9 ¾ lb. 3½ lbs.

B. Day—Marsh Hill (Mixed) and Uffculme (Mixed).

As usual 40 boys slept at the Marsh Hill School from Monday to Thursday nights inclusive during the summer months. They made excellent progress.

These boys were chosen from amongst the poorest, and from those living at long distances from school. Their weights increased steadily and showed a higher average gain than those of the children who returned home each evening.

Most of these boys have left the School now and returned to their respective Elementary Schools, but of those who still remain it is gratifying to note that they have been able to keep up a fairly regular attendance during the severe winter weather.

The School has been much improved by the addition of an excellent rest-shed, which is also used as a gymnasium, and by a new practical room.

From May to the end of September, 30 boys and 10 girls slept at Uffculme during the week, going home for weekends only. The sleeping-in system was again very popular and it was difficult to select only 40 children out of a much larger number who wished to avail themselves of this opportunity. We selected children from overcrowded homes, those who had to travel long distances and, in a few cases, children of over-anxious parents.

They were extremely happy under play centre leaders, and all the children stayed throughout the five months, with the exception of six children, who were transferred to other Schools at the end of July.

All the children gained in weight : 3 gained 10lbs. in the five-month period, but the average gain was $5\frac{1}{2}$ lbs. It is regrettable to note that the same children, sleeping at home every night in the four following winter months, gained an average of only 1lb. But there is no doubt that many parents do appreciate this opportunity and are really grateful for the benefit the children receive.

SCHOOLS FOR THE PARTIALLY SIGHTED.

The following report has been supplied by Mr. Archer Hall, the Ophthalmic Surgeon, concerning the Day Schools for Partially Sighted children :—

“During the year ending December 31st, 1937, the Part-Sighted Schools were each visited every four months, when various pupils were selected for examination by refraction and other methods, at the Great Charles Street School Clinic.

Eighty-two children were so examined, and ten were examined at the ordinary sessions. Twelve sessions were devoted to this work, and the glasses were changed as necessary, or other treatment arranged.

During the year 24 children of ordinary schools were recommended for admission to the Part-Sighted Schools at Whitehead Road, Aston ; Moseley Road ; and Carpenter Road, Edgbaston.

An interesting investigation was made in the cases of 60 former Part-Sighted School pupils, and examination for glasses was carried out. When necessary a change was prescribed. In this manner these important cases of progressive short sight or other serious eye disease were followed up and treated.

The following transfers to and from the Schools took place :

	<i>Boys.</i>	<i>Girls.</i>
EDGBASTON DAY CLASSES.		
ADMISSIONS	1	1
LEAVERS :		
Left—age 14 years	1	—
Transferred to Warwickshire	—	1
Transferred as resident pupils	2	1
Transferred for technical training at 16	3	—
MOSELEY ROAD (P.S.) SCHOOL.		
ADMISSIONS	4	4
LEAVERS :		
Left—age 14 years	1	—
Transferred to Elementary School at Banbury	—	1
WHITEHEAD ROAD (P.S.) SCHOOL.		
	<i>Boys.</i>	<i>Girls.</i>
ADMISSIONS	8	4
LEAVERS :		
Left—age 14 years	4	6
Transferred to Elementary Schools	3	3
Transferred to Edgbaston Day Classes	1	1
Left—15 years	1	—
Transferred to Moseley Road P.S. School	1	—

TOWYN SUMMER SCHOOL.

In the past year the season was extended to include ten groups of children in place of the usual eight. In addition, a party of girls from Shenley Fields Cottage Homes visited during their Summer Holidays.

Fortunately the groups going in early April and in October had very good weather and the experiment proved successful. The girls who were in residence at the end of April suffered from sunburn!

Details as to the Schools from which the children were drawn are given below, from which it will be seen that 24 children formed each group and that the stay at the Summer School was for 13 or 14 days.

Two teachers accompanied each group, except in the case of one of the Schools for the Physically Defective, when a teacher and a nurse went with the children.

The staff and children greatly appreciated the new hut which was completed in June. It is used as a schoolroom and for rest when the weather does not permit of the children being out of doors.

The usual routine was followed, and the records give a very vivid picture of many interesting experiences, a few examples of which may be cited: gathering primroses to take back to their mothers; watching a shepherd with three dogs rounding up the sheep and later sheep-shearing; glimpses of cormorants, oyster catchers and herons; wild geese and wild swans in flight; the blacksmith shoeing a horse; the Bell-man going his round; an artist making a picture; a wonderful sunrise and sunset in October; the shimmering light of the moon over the sea.

The health of the children was good except for one P.D. School boy, who had an attack of rheumatic fever. His stay had to be prolonged for a fortnight while he was nursed by the Housemother.

The diet as usual was varied and of excellent quality.

The need for some isolation accommodation at the Summer School has been felt and plans have been prepared for adding a bedroom to the house for this purpose.

TOWYN SUMMER SCHOOL, 1937.

<i>Period.</i>	<i>School</i>	<i>No. of pupils.</i>	<i>Dept.</i>	<i>Sex.</i>	<i>Age range.</i>	<i>No. of days without rain.</i>	<i>Children who gained weight.</i>		
							<i>No.</i>	<i>Average gain lb. oz.</i>	<i>Number who gained 4lb. or over.</i>
April 7th—20th ...	Burlington Street ...	24	M.D.	Girls	10—15	7	24	2 2	3
April 21st—May 5th ...	Gem Street ...	24	Deaf	Girls	7—16	10	20	1 4	Nil
May 26th—June 8th ...	George Street West ...	24	P.D.	Boys	9—16	10	23	3 12½	11
June 9th—22nd ...	Gem Street ...	24	M.D.	Boys	11—15	7	22	2 0¾	5
June 23rd—July 6th ...	Little Green Lane ...	24	P.D.	Boys	not stated	11	23	4 10½	11
July 7th—21st ...	Hamilton Road ...	24	M.D.	Boys	12—15	3	24	5 12	19
July 26th—Aug. 5th ...	Shenley Fields Cottage Homes	23	—	Girls	6—14	—	—	—	—
Aug. 25th—Sept. 7th ...	Little Green Lane ...	24	M.D.	Boys	not stated	11	24	3 14	19
Sept. 8th—21st ...	Highfield Road ...	24	M.D.	Girls	not stated	8	19	2 0½	1
Sept. 22nd—Oct. 5th ...	Bristol Street ...	24	M.D.	Girls	10—15	10	23	2 8	5
Oct. 6th—20th ...	Moseley Road ...	24	Deaf	Mixed	11—15	13	20	2 7	3

STATISTICAL INFORMATION.

The usual particulars with regard to children entering or leaving the various types of Special Schools during the year in question are given below :—

DAY SCHOOLS FOR THE MENTALLY DEFECTIVE (Accommodation, 1,227—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	482
No. certified as mentally defective	...	...	...	...	...	...	283*
No. to remain at Ordinary Schools	...	...	...	...	...	...	123
No. temporarily excluded from school attendance	...	...	...	...	...	...	7
No. certified as ineducable	...	...	...	...	...	...	69†

*Includes 2 for "Ascertainment" purposes only.

†Includes 38 children examined at Erdington House.

TERMINAL REVIEWS.

Children allowed to leave School in order to take up employment at 14 years of age	...	...	...	...	...	...	20 (a)
Children allowed to leave School in order to take up employment between 14 and 15 years	...	...	...	...	...	...	17 (b)
Children allowed to leave School in order to take up employment between 15 and 16 years	...	...	...	...	...	...	100 (c)
Children leaving School at the age of 16	...	...	...	...	...	...	14
Children excluded from School as unable to derive further educational benefit	...	...	...	...	...	...	58
Child transferred to Open Air School	...	...	...	...	...	...	1
Child temporarily excluded from school attendance	...	...	...	...	...	...	1
Children certified for Monyhull Residential Special School	...	...	...	...	...	...	3

(a) Of these children 17 were de-certified.

(b) Of these children, 7 were de-certified.

(c) Of these children, 65 left school during the term preceding their sixteenth birthday, and 9 were de-certified.

(NOTE.—Of the above children, 96 were notified to the Local Authority for Statutory Supervision).

DAY SCHOOLS FOR THE PHYSICALLY DEFECTIVE (Accommodation, 220—Boys and Girls).

ADMISSION EXAMINATIONS.

Number of children examined	...	...	...	...	...	...	70
Number certified for admission	...	...	...	...	...	...	61
Number unfit for school attendance	...	...	...	...	...	...	3
Number to remain at Ordinary Elementary Schools	...	...	...	...	...	...	6

TERMINAL REVIEWS.

Children allowed to leave for work between 14 and 16 years of age	...	...	...	...	...	...	25
Children transferred to ordinary schools	...	...	...	...	...	...	6
Child excluded as temporarily unfit to attend school	...	...	...	...	...	...	1
Children excluded as uneducable	...	...	...	...	...	...	5
Children permanently excluded on physical grounds	...	...	...	...	...	...	3
Children leaving at 16 years	...	...	...	...	...	...	8

BASKERVILLE RESIDENTIAL SCHOOL FOR THE PHYSICALLY- DEFECTIVE (Accommodation, 90—Boys, 42 ; Girls, 48).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	119
No. certified for admission	...	...	...	...	...	76
No. to remain at Ordinary Elementary Schools	...	...	...	...	...	43

TERMINAL REVIEWS.

Children transferred to Ordinary Schools	...	...	...	...	74
Children transferred to O.A. Schools	...	...	...	...	6
Children transferred to Day (P.D.) Schools	...	...	...	...	11
Children transferred to M.D. Schools	...	...	...	...	12

The average length of stay at the School of the children referred to above was 10 months.

OPEN AIR SCHOOLS.

UFFCULME DAY O.A. SCHOOL (Accommodation, 120—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	82
No. certified for admission	...	...	...	...	...	77
No. to remain at ordinary Elementary Schools	...	...	...	...	...	5

TERMINAL REVIEWS.

Children who improved sufficiently to be transferred to ordinary schools	...	...	...	...	...	33
Children who left at 14 years of age, whose physical condition was satisfactory	...	...	...	...	...	7
Children transferred to Residential Open Air Schools	...	...	...	...	...	9
Children transferred to Schools for the M.D.	...	...	...	...	...	4

The average length of stay at the School of the children referred to above was 17 months.

MARSH HILL DAY O.A. SCHOOL (Accommodation, 200—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	111
No. certified for admission	...	...	...	...	...	104
No. to remain at ordinary Elementary Schools	...	...	...	...	...	7

TERMINAL REVIEWS.

Children who improved sufficiently to be transferred to ordinary Schools	...	...	...	...	...	43
Children who left at 14 years of age or over and whose physical condition was satisfactory	...	...	...	...	...	7
Children transferred to Residential O.A. Schools	...	...	...	...	...	25
Children transferred to Schools for the M.D.	...	...	...	...	...	5
Child transferred to Baskerville School	...	...	...	...	...	1

The average length of stay at the School of the above-mentioned children was 17 months.

CROPWOOD RESIDENTIAL O.A. SCHOOL (Accommodation, 80 Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	79
No. certified for admission	...	...	...	...	...	...	68
No. to remain at Ordinary Elementary Schools	...	...	...	...	...	...	11

TERMINAL REVIEWS.

Children who improved sufficiently to be transferred ^e to Ordinary Schools	...	...	...	...	...	...	...	28
Children who left at 14 years of age, or over, whose physical condition was satisfactory	...	...	...	...	...	...	...	12
Children transferred to M.D. Schools	...	...	...	...	...	...	...	3
Child transferred to Day (P.D.) School	...	...	...	...	...	...	...	1

The average time spent by children at the Cropwood School was 18½ months.

HUNTERS HILL RESIDENTIAL O.A. SCHOOL (Accommodation, 120—Boys).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	82
No. certified for admission	...	...	...	...	...	...	77
No. to remain at Ordinary Elementary Schools	...	...	...	...	...	...	5

TERMINAL REVIEWS.

Children who improved sufficiently to be transferred to ordinary schools	...	...	...	...	...	...	...	41
Children who left at 14 years of age, whose physical condition was satisfactory	...	...	...	...	...	...	...	10
Child transferred to Day (O.A.) School	...	...	...	...	...	...	...	1
Children transferred to M.D. Schools	...	...	...	...	...	...	...	2

The average length of stay at the School of the children referred to above was 15 months.

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1937

OFFICIAL TABLES

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	14,469
Second Age Group	12,730
Third Age Group	12,145
Total	39,344

Number of other Routine Inspections

Grand Total	39,344
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B. OTHER INSPECTIONS.

Number of Special Inspections	38,827
Number of Re-Inspections	54,276
Total	93,103

C. CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II. A. (3)	No. of Individual Children requiring Treatment (4)
Entrants	82	3,057	3,132
Second Age Group ...	795	2,318	3,057
Third Age Group ...	1,067	1,443	2,454
Total (Prescribed Groups)	1,944	6,818	8,643
Other Routine Inspections	Nil	Nil	Nil
GRAND TOTAL	1,944	6,818	8,643

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1937.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :				
	(1) Scalp	—	—	57	3
	(2) Body	5	—	169	—
	(3) Scabies	70	2	857	4
	(4) Impetigo	122	1	2,399	—
	(5) Other Diseases (non-Tuberculous)	220	13	4,679	6
Total (Heads 1 to 5)		417	16	8,161	13
Eye	(6) Blepharitis	58	3	409	—
	(7) Conjunctivitis	23	—	420	—
	(8) Keratitis	3	1	6	—
	(9) Corneal Opacities	12	2	14	—
	(10) Other Conditions (excluding Defective Vision and Squint)	32	7	578	2
	Total (Heads 6 to 10)	128	13	1,427	2
Ear	(11) Defective Vision(excluding Squint)	1,944	429	2,116	39
	(12) Squint	320	135	408	7
Nose and Throat	(13) Defective Hearing	184	13	313	2
	(14) Otitis Media	166	17	896	—
	(15) Other Ear Diseases	66	2	753	1
	(16) Chronic Tonsillitis only	163	256	307	12
	(17) Adenoids only	37	24	30	—
	(18) Chronic Tonsillitis and Adenoids	1,708	457	1,342	17
Lungs	(19) Other Conditions	304	20	2,480	5
	(20) Enlarged Cervical Glands (non-Tuberculous)	22	148	385	13
	(21) Defective Speech	52	39	68	2
	Heart Disease :				
	(22) Organic	61	60	88	69
	(23) Functional	17	32	50	16
Tuber- culosis	(24) Anaemia	1,527	12	962	1
	(25) Bronchitis	543	34	1,272	7
	(26) Other non-Tuberculous Diseases	33	8	191	3
	Pulmonary :				
	(27) Definite	4	1	5	—
	(28) Suspected	14	2	70	6
Nervous System	Non-Pulmonary :				
	(29) Glands	1	1	5	1
	(30) Bones and Joints	—	1	3	2
	(31) Skin	—	—	—	—
	(32) Other Forms	1	1	6	—
	Total (Heads 29 to 32)	2	3	14	3
Deformities	(33) Epilepsy	17	9	53	9
	(34) Chorea	19	9	163	5
	(35) Other Conditions	81	16	62	10
	(36) Rickets	18	7	3	1
	(37) Spinal Curvature	151	11	38	—
	(38) Other Forms	335	28	380	13
(39) Other Defects and Diseases (ex. defects of Nutrition, Uncleanliness and Dental Diseases)		1137	95	15,275	140
Total		9,470	1,896	37,312	397

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups	In- spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	14,469	675	4.7	11,335	78.3	1,661	11.5	798	5.5
Second Age-group	12,730	622	4.9	9,629	75.6	1,840	14.5	639	5.0
Third Age-group	12,145	651	5.4	9,748	80.2	1,366	11.3	380	3.1
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	39,344	1,948	4.9	30,712	78.1	4,867	12.4	*1,817	4.6

*Of these, 1,607 were reported by two Assistant School Medical Officers. If their figures were excluded 0.7% only were classified as having "bad" nutrition.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Total.
Blind.		At Certified Schools for the Blind At no School or Institution	32 —
Partially Sighted.		At Certified Schools for the Blind At Certified Schools for the Partially Sighted..... At Public Elementary Schools	18 100 5
		At other Institutions	—
		At no School or Institution	1
Deaf		At Certified Schools for the Deaf At no School or Institution	96 —
Partially-Deaf.		At Certified Schools for the Deaf At Public Elementary Schools	40 —
		At no School or Institution	—
Mentally Defective		At Certified Schools for Mentally Defective Children	1287
		At Public Elementary Schools	*22
		At other Institutions	35
		At no School or Institution	—
Epileptics	Suffering from severe epilepsy.	At Certified Special Schools At Public Elementary Schools	10 —
		At other Institutions	1
		At no School or Institution	2
Physically Defective	Suffering from pulmonary tuberculosis.	At Certified Special Schools	5
		At Public Elementary Schools	13
		At Sanatoria approved by the Ministry of Health	50
		At no School or Institution	—

* Certified as mentally-defective and awaiting admission to Special Schools. There are in addition 107 children in attendance at Public Elementary Schools who have been reported as probably mentally-defective and who await examination.

TABLE III. *Contd.*—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Physically Defective.			Total.
	Suffering from non-pulmonary tuberculosis	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	58 5 18 1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	558 87* 10 13
	Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease).	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	176 4 2 2
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	150 9 8 7

* Awaiting admission to Open Air Schools. In addition there are 104 children attending Public Elementary Schools who have been reported for examination with a view to admission to Open Air Schools.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31ST DECEMBER, 1937.

TREATMENT TABLE.

Group I. Minor Ailments (excluding Uncleanliness for which see Table VI.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin —</i>			
Ringworm-Scalp :			
(i) X-ray Treatment	40	3	43
(ii) Other	30	7	37
Ringworm-Body	167	14	181
Scabies	824	72	896
Impetigo	2511	105	2616
Other skin disease	4647	132	4779
<i>Minor Eye Defects</i>	1206	66	1272
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	2044	198	2242
<i>Miscellaneous</i>	8055	370	8425
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	19,524	967	20,491

TABLE IV. (Contd.)

Group II.—*Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	3,430	377	3,807
Other defect or disease of the eyes (excluding those recorded in Group I)	17	45	62
Total	3,447	422	3,869
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed	2,976	348	3,324
(b) Obtained	2,971	342	3,313

Group III. *Treatment of Defects of Nose and Throat.*

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	4	1,253	8	35	11	419	52	35	15	1,672	60	2,203	3,985

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (Contd.)

Group IV. Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	206	1	2150		9	33	2400

TABLE V. DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :

(a) Routine age-groups.

Age :

5	11,686
6	10,926
7	11,562
8	11,612
9	11,625
10	12,080
11	11,412
12	10,733
13	10,700
14	1,075

Total 103,411

(b) Specials 211

(c) Total (Routine and Specials) 103,622

(2) Number found to require treatment 71,737

(3) Number actually treated 35,972

(4) Attendances made by children for treatment 43,791

(5) Half-days devoted to { Inspection 481 } Total 4,874.
 { Treatment 4,393 }

(6) Fillings { Permanent Teeth 16,911 } Total 17,232.
 { Temporary Teeth 321 }

(7) Extractions { Permanent Teeth 21,991 } Total 100,109.
 { Temporary Teeth 78,118 }

(8) Administrations of general anaesthetics for extractions 23,729.

9) Other Operations { Permanent Teeth 2,161 } Total 4,827
 { Temporary Teeth 2,666 }

TABLE VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per school made during the year by the School Nurses.....10·54
- (ii.) Total number of examinations of children in the Schools by School Nurses.....345,118.
- (iii.) Number of *individual* children found unclean.....12,949.
- (iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....nil.
- (v.) Number of cases in which legal proceedings were taken :--
 - (a) Under the Education Act, 1921.....Nil.
 - (b) Under School Attendance Byelaws..... 126.

SECONDARY SCHOOLS
AND
OTHER INSTITUTIONS FOR HIGHER EDUCATION

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1937, TO 31ST DECEMBER, 1937						
Number of Routine Medical Inspections	.....	.....	.....	.....	.....	6,388
Number of Special Medical Inspections	.....	.....	.....	.....	.....	167
Number of Re-inspections	.....	.....	.....	.....	.....	405
			Total	.....	.....	<u>6,961</u>
Number of Individual Children found to require Treatment....				.....	.....	1,019

TABLE II. (SECONDARY SCHOOLS).

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1937.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :				
	(1) Scalp	—	—	—	—
	(2) Body	3	—	—	—
	(3) Scabies	3	—	1	—
	(4) Impetigo	2	—	2	—
	(5) Other Diseases (non-Tuberculous)	27	1	3	—
Total (Heads 1 to 5)		35	1	6	—
Eye	(6) Blepharitis	4	—	1	—
	(7) Conjunctivitis	1	—	2	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	9	2	3	—
	Total (Heads 6 to 10)	14	2	6	—
Ear	(11) Defective Vision(excluding Squint)	403	131	36	1
	(12) Squint	11	4	—	—
	(13) Defective Hearing	15	3	3	—
	(14) Otitis Media	24	—	—	—
	(15) Other Ear Diseases	3	—	2	—
	(16) Chronic Tonsillitis only	11	26	3	—
Nose and Throat	(17) Adenoids only	1	—	—	—
	(18) Chronic Tonsillitis and Adenoids	33	10	1	—
	(19) Other Conditions	41	—	3	—
	(20) Enlarged Cervical Glands (non-Tuberculous)	1	3	1	—
	(21) Defective Speech	2	—	—	—
	Heart Disease :				
Heart and Circulation	(22) Organic	7	14	1	1
	(23) Functional	2	11	—	3
	(24) Anaemia	86	2	—	—
	(25) Bronchitis	17	4	1	—
	(26) Other non-Tuberculous Diseases	3	3	1	—
	Pulmonary :				
Lungs	(27) Definite	—	1	—	—
	(28) Suspected	6	—	—	—
Tuberculosis	Non-Pulmonary :				
	(29) Glands	—	—	—	—
	(30) Bones and Joints	1	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
	Totals (Heads 29 to 32)	1	—	—	—
Nervous System	(33) Epilepsy	—	—	—	—
	(34) Chorea	—	1	—	—
	(35) Other Conditions	6	—	—	—
Deformities	(36) Rickets	1	2	—	—
	(37) Spinal Curvature	63	8	1	—
	(38) Other Forms	110	15	2	—
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		137	11	27	4
Total		1033	252	90	9

TABLE IV. (SECONDARY SCHOOLS)—RETURN OF DEFECTS TREATED
DURING THE YEAR ENDED 31ST DECEMBER, 1937.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp :			
(i). X-Ray Treatment	—	—	—
(ii). Other treatment			
Ringworm-Body	2	1	3
Scabies	3	1	4
Impetigo	11	1	12
Other Skin Diseases	11	10	21
<i>Minor Eye Defects</i>	10	6	16
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	16	21	37
<i>Miscellaneous</i>	46	35	81
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	99	75	174

TABLE IV. (SECONDARY SCHOOLS) (*Contd.*)

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)	
ERRORS OF REFRACTION (including squint but excluding operations for squint)	211	159	370	
Other defect or disease of the eyes (excluding those recorded in Group I)	2	2	4	
Total	213	161	374	
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total.	
	(a) Prescribed	211	156	367
	(b) Obtained	211	156	367

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
-	-	4	-	1	-	13	6	1	-	17	6	61	85

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (SECONDARY SCHOOLS) (Contd.)

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	—	70	—	1	3	74

Group V.—Dental Defects.

(1) Number of Children who were :—

(i) Inspected by the Dentist :
Aged :

10	71	} Total 6,852
11	920	
12	1,287	
13	1,508	
14	1,347	
15	1,069	
16	482	
17	134	
18	34	

(ii) Found to require treatment 4,249

(iii) Actually treated 1,194

(2) Half-days devoted to { Inspection 28
Treatment (Carried out in conjunction with
work for Elementary Schools).

(3) Attendances made by children for treatment 2,028.

(4) Fillings { Permanent teeth 2,112 } Total 2,116.
{ Temporary teeth 4 }

(5) Extractions { Permanent teeth 1,156 } Total 1,430.
{ Temporary teeth 274 }

(6) Administrations of general anaesthetics for extractions 554.

(7) Other operations { Permanent teeth 202 } Total 232.
{ Temporary teeth 30 }

